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ORIGINAL ARTICLES.

THE RATIONAL TREATMENT OF WOUNDS, SURGICAL AND ACCIDENTAL.

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II.

All wounds in their natural process of healing do not follow the same course. Some will unite and heal rapidly and painlessly in a few hours or days. Others will fester and discharge for weeks and months before they heal.

We note moreover, in wounds left to themselves, that the size and importance of the injuries do not always correspond with the time and manner of their healing. Small and superficial wounds being sometimes delayed and giving trouble beyond what larger and deeper ones will. This seems to indicate,

Firstly—That there exists in the individual, everything that is required for the prompt and safe healing of wounds.

Secondly—That there are influences perhaps intrinsic, may be extrinsic, that often interfere with nature's healing process.

And as a corollary to this, that in the treatment of wounds the surgeon's position is entirely a subordinate one, his mission being only to aid the first and counter-act or remove the second.

And when we stop to think that the performance of surgical operations may be considered as the necessary infliction of certain wounds, in fact, that save the very few who die on the operating table, all operated persons are simply cases of wounds to be treated, we see how much of the practice of surgery resolves itself into the passive rôle of aiding the healing process and how the fundamental rules for so doing must be the corner stone of a system of Surgery.

How far the usual treatment of wounds is a departure from this may be inferred from the opposing and confusing doctrines that prevail even to the present day. For although it is conceded by all schools that there are certain general steps to be taken, such as the arrest of hæmorrhage, the bringing together of the broken surface, and a certain amount of dressing and after-treatment, they are not at all unanimous as to the scope and value of each nor as to the means of carrying them out.

Some think it best to stop all bleeding at once, others prefer that a wound should bleed for some time as a safeguard against inflammation. There are those who would hermetically seal a wound at once, and those who prefer leaving it exposed for hours. One, uses an interminable array of compresses, counter-compresses, protectives, mackintoshes, bandages and webs; another leaves his wounds in complete dishabille. Some think ice-bags the best and only antiphlogistic, others extol the wonderful properties of hot water.

There is one feature, however, in which all seem to agree; that is, in the idea that there is something in a

wound, that requires local medication, and from the boiling oil and pitch of the ancients to the vaseline and arnica of the moderns, nothing has been considered too foul to besmear a wound with, and broken flesh has been by turns subjected to the action of alcohols and fats, ointments and poultices, under the delusion that the mysterious process of healing was greatly aided by the still more mysterious effects of these agents.

That there have been attempts at systematizing and regulating in an intelligible manner the treatment of wounds, I will not only not deny, but will take pains to note the various plans which have constituted decided improvements on the current methods of treatment, and which have paved the way for the Conservative system which I propose to discuss.

First among them, as the earliest and most conflicting with the views held by his contemporaries, that of Liston deserves special notice. His all healing panacea was cold water. His method of using it may be best illustrated by the manner in which he dealt with the stump after an amputation. It was this: after the operation was finished, the cut surfaces were deluged with cold water, so as to wash away all clots, etc. A large piece of wet lint doubled was then placed between the flaps which were covered with another large piece of doubled lint soaked in cold water. The stump was then placed upon a pillow, exposed to the air, and left undisturbed (though soaked from time to time) for five or six hours. By this time all oozing had ceased and the cut surfaces were covered with a sheet of coagulated fibrin, which he called glazing; the lint was then removed, the glazed surfaces brought together by a few sutures and supported by strips of isinglass plaster. A slip of wet lint was placed along the edge of the wound, the stump laid on pillows exposed without any covering save the sheet thrown over a cradle.

In this simple manner he treated all wounds with a degree of success that revolutionized the practice of surgery.

Professor Humphrey, of Cambridge, followed upon this with his open air method. He sedulously avoided water, and all dressing whatsoever, holding that the best plan was to leave the clots undisturbed and the wound uncovered that a crust of inspissated blood and serum might form over the intervals between the stitches and healing might proceed as under a scab.

This system, too, had its advocates, who praised it as warmly as the followers of Liston did theirs, though the latter were by far the more numerous; in fact, water dressing is practised by many to the present day.

The greatest stride in the direction of Conservation both of tissue and of energy, was made by Professor Lister, of Edinburgh, when he established his so-called antiseptic method. By it, the first attempt was made at defining what was to be promoted in wound-treatment, what to be avoided, and how the desired end was to be accomplished. In a word, Lister's plan claims to be an attempt at rapid union by an avoidance of inflammatory complications. Certainly nothing could be more beautiful and simple.

But let us examine what are Lister's views on inflammation and its causes: for it is on that peculiar theory that his system is based.

Firstly, he attributes all inflammatory action in a wound, to decomposition of its fluids.

Then he claims that it is not the air, but something contained in the air, which excites decomposition. The active agents concerned he considers to be certain minute vegetable organisms and their germs, which exist in various forms and act in different ways, and are all capable of being reproduced *ad infinitum* wherever they find a suitable nidus.

What the essence of the mischief consists in, or what it is, precisely, which produces the poisonous changes in the organism, he does not stop to discuss; but holds the fact to be certain, that the free access of ordinary air to a wound is generally the cause of inflammatory or putrefactive changes in that wound.

He moreover holds that experiments prove and his clinical experience corroborates the fact, that air which has been filtered, overheated or subjected to the influence of certain germicides, like carbolic acid, is not capable of exciting putrefaction or inflammation in animal tissues or wound exudations, and is harmless in its action upon wounds.

Again, he claims that both observation and experiment establish the fact, that in the great majority of cases the disorders included under the comprehensive name of blood-poisoning depend upon the putrefying or septic fluids of a wound gaining admission to the general circulation. And in short, that if only wound putrefaction be prevented, we eliminate from the deaths occurring after accidental wounds or surgical operations, those which are produced by blood-poisoning in its various forms, pyæmia, septicæmia and erysipelas; we curtail the duration of wounds; we promote safe and painless healing and increase the general comfort and well-being of the patient.

And lastly he says that with the safeguards which his method places at our disposal, operations which have been heretofore considered too dangerous to be performed save in cases of absolute necessity, may now be undertaken with perfect security.

To accomplish this all-important germicidal purpose, the actual steps of all operations and wound dressings are conducted in a carbolized atmosphere, produced by a jet of steam mingling with a five-per-cent solution of carbolic acid. The hands of the operator and those of his assistants are thoroughly purified by immersions before and again and again during the operation in a carbolized solution. The instruments, sponges, ligatures, etc., are kept immersed in a two-and-a-half or three per cent. solution, and a similar one is used for washing the wound, which is supposed to be made by these means absolutely aseptic, that is, free from septic elements. In order to keep it so for all time, a layer of protective silk is applied over the wound, then several layers of carbolized gauze wrung out of a two-and-a-half per cent solution, held in place with a carbolized bandage. Over this again is applied a pad of salicylic wool, then an eight-fold layer of dry carbolized gauze with a piece of mackintosh between the two upper folds, then a bandage to secure the gauze. The dressing is made to extend six or more inches beyond the margins of the wound and in places where there is much body movement, such as the neck, groin, etc., the margin of the bandage is held closely applied to the surface by a turn of an elastic web bandage.

This is the antiseptic method, of which I shall say no more at present. I shall only call your attention to the fact that it is a part of it to be scrupulously careful of a thorough arrest of all hæmorrhage, to enjoin absolute rest, and to attend to other important details, though no credit is given to these factors by Mr. Lister or his followers "whose name is legion."

Among their number, however, is not Mr. Sampson Gamgee, of Queen's Hospital, Birmingham, who holds

towards Lister's method, very much the same position that Humphrey's did to Liston's, though I think with better reason.

Mr. Gamgee's opinion is that the majority of wounds heal rapidly under dry and infrequent dressing, uniform gentle pressure and absolute rest. His plan is to arrest hæmorrhage, bring the parts together, apply as much pressure as the parts will comfortably bear, make them immovable by means of splints, and leave them undisturbed as long as possible. No water, no drainage, and above all, no antiseptics. His wonderful success is recorded in a number of papers in the London *Lancet* from December, 1878, to September, 1879, which will abundantly repay perusal.

Mr. Bryant pooh-poohs both Lister's spray and Gamgee's pressure, and undertakes to prove by a series of cases from Guy's Hospital that serious wounds may heal under a plan of simple dressing without the occurrence of any disturbance, local or constitutional. The simple means he uses are rest, position, drainage, washing with iodine-water, dressings of terebinth or oil of turpentine, nitrate of silver, sulphate of copper, and what not!

But of the cases cited, only a few united by first intention, the majority suppurated, and in some of them, several disagreeable complications occurred, such as abscesses, sloughing, etc.

On the other hand, Dr. Markoe, of the College of Physicians and Surgeons of New York in a recent able and interesting paper on "Thorough Drainage" in the treatment of wounds," exalts Lister's antiseptic system, placing it on a par with the most brilliant achievements of modern surgery, but ends by saying that the theory on which it is based is altogether a mistaken one, that the reason of its success lies, not in the antiseptic properties of carbolic acid, but in its therapeutical effects on the living tissues and its action on the peripheral nerves through which it checks all inflammatory action. That neither spray nor carbolic gauze is necessary, that carbolic lotions in abundance and drainage tubes placed through the wound from side to side, are all that is needed, and he claims to have achieved by these means a degree of success which challenges Lister's.

I have endeavored to give a faithful portraiture of the chaotic state of opinion regarding the treatment of wounds which according to the ablest minds in the profession, is the most important question in surgery at the present time. It is impossible to review the facts which we have just related and consider how the same good results are at times reached by following diametrically opposite courses, without having one's faith powerfully shaken.

Is it possible that unlike causes may produce like effects, or is it not more likely that the courses followed and the results attained do not really stand in the relation of cause and effect?

May not the undeniably good results be due not so much to the few good things that are done, as to the many bad ones that are left undone.

We see that one submerges his patient as it were, in an antiseptic atmosphere and claims that by shutting out the only thing to be dreaded, "atmospheric germs," he attains a degree of success hitherto unparalleled. That another opens his doors wide to the air and its supposed murderous inhabitants and by careful attention to other details which he claims are the all-important agents, attains equally good results. But have they not both abandoned their former practice of general and local blood-letting before or after the operation? Have they not both discarded the systematic use of aperients, salines, opiates and other powerful disturbers of the human frame? Have they not both abandoned low diet and stimulants? Have they not both abandoned their old indifference to local sanitation and devoted themselves unyieldingly to the removal of all unfavorable surroundings? And is it not possible, that if only these things be spared her, nature may stand a great deal of maltreatment and yet come out victorious.

Be this as it may, there is no denying that amidst the turmoil of conflicting theories and radically opposed practices, two important facts stand out in conspicuous relief.

Firstly—That in spite of these differences in theories and practices, the mortality after capital operations and severe accidental wounds, has greatly decreased under all schools within the past twenty years.

Secondly—That while the result of surgical treatment in severe cases is growing astonishingly successful, the means by which these great results are accomplished, are growing beautifully simple.

In other words, that the drift of surgical procedure is towards what we claimed to be a fundamental principle of surgery, viz.:

The accomplishment of the greatest possible good with the least degree of interference. And as a natural outcome of these truths and of the facts of which they are the forcible deduction, that it is really to the abandoning of many bad practices and strict adherence to a few that are good, and not to the theatrical appointments with which some prominent men surround their proceedings, that their success is due.

THE GOOD THAT WILL ARISE TO THE PROFESSION FROM THE DEATH OF THE PRESIDENT.*

BY WILLIAM TOD HELMUTH, M.D.,

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The President is dead. A case of gun shot injury has been recorded which is as remarkable as any in the history of military surgery, its peculiarity, however, not consisting in the ordinary characteristics of gun-shot wounds (for there are cases familiar to surgeons in which the course and lodgment of the bullet have been both more curious and more deceptive), but in the intense interest manifested in the case by a large portion of the civilized world; in the notoriety which has necessarily attached itself to the surgical management of the wound, and in the character and the variety of the criticisms pronounced by the medical profession, at home and abroad, upon what the editor of the *Medical Record* denominates "the deplorable error in diagnosis," as revealed by the tell-tale autopsy.

A surgeon, in reviewing the practice of a cotemporary, should, if not from instinctive generosity from sheer policy, exercise charity in his judgment, and temper his opinions with caution, for the simple reason that he knows not at what moment he himself may be placed in a similar position to the brother whose acts he criticises, and be unwittingly exposed to the ridicule or condemnation, the approval or endorsement of his peers.

To those who know how difficult it often is to detect and extract extraneous substances from the human body; how even a needle or a spicula of glass, actually felt beneath the integument, may slip away from the probe and the forceps; how easily connective tissue may be separated, and muscular fasciculi parted, and how, after hours of careful search, a foreign body may entirely elude the *tactus eruditus*, the failure to discover the direction or actual location of a bullet should excite no surprise. And when, in addition to these facts the peculiar twisting course of missiles; their deflection from the line of projection, by the different densities of the tissues through which they pass; and the tendency to under-estimate the internal destruction of parts from the apparent insignificance of external wounds, are recognized—certainly among those who are, or who ought to be, familiar with these facts, leniency in judgment and tardiness in condemnation should be the rules of practice.

Dupuytren tells of a case in which a ball, *nine pounds*

in weight, was so completely concealed in a man's thigh that, for a time, its presence was not suspected by the surgeons. The distinguished Larrey relates the case of an artilleryman, who was shot in the right thigh; the ball broke the femur, turned around "the bone, and, dipping near the anus, lodged itself in the hollow of the thigh. When he was brought to the ambulance neither he nor his surgeons suspected the presence of a foreign body. It was only when performing amputation that Larrey discovered a ball five pounds in weight.

Appia says: "I have seen wounds of the genitals, where the ball entered above the glans and had got out through the left thigh, without leaving any intermediate traces of its passage."

Dr. Hennen describes a case in which a soldier "was struck at the moment when he extended his arm to mount a ladder. The ball entered the middle of the humerus, passed along the limb above the posterior aspect of the thorax, opened for itself a passage in the abdominal muscles, pierced those of the buttock, and passed again upwards to the anterior aspect of the opposite thigh."

In the *Western Homoeopathic Observer* for February, 1867, the author of this paper recorded a peculiar case, in which the patient was shot three times. "The first ball, entering the face at the margin of the malar process of the malar bone, and tearing up the masseter muscle made its exit below the ramus of the inferior maxillary, on the right side." The second ball entered the left arm near the elbow, and took a very circuitous route, "lodging near the external condyle of the humerus, having passed almost around the bone." "The third shot struck him fairly in the upper portion of the left groin, on the margin of Poupart's ligament, just below the anterior superior spinous process of the ilium." I did not see the patient for some hours after the injury, at which time several surgeons had examined him, probed the wounds, and pronounced the abdominal one to be probably fatal in its character, having passed into the peritoneal cavity; this, however, was not the case. The record reads: "What was my surprise, after very careful manipulation, to discover a passage upwards and backwards over the anterior superior spinous process of the ilium—the probe being there arrested in its course. I then turned the patient on his face, and endeavored to trace out the course that the ball had taken; and after some time, to my satisfaction, discovered it resting above the transverse process of the fourth lumbar vertebra," from which it was readily extracted, the patient perfectly recovering.

In the surgical volumes of the war of the rebellion, there are very many cases of gun-shot wounds far more remarkable in course and termination and seriousness, than the wound of the President. For instance, on page 488, in part first of the surgical volume, we read of a patient wounded by four balls and three buckshot.

"One ball, probably conoidal, entered the sternum about an inch below the jugular fossa, and passing downward and outward underneath the second, third, and fourth ribs, perforated the upper lobe of the right lung superficially, and emerged between the fourth and fifth ribs, about three inches to the right of the nipple of same side.

"Three buckshot took effect just above the pubes, some of them passing through the bladder.

"One ball entered the right thigh and lodged; another (conoidal) entered the left thigh and passed nearly through.

"A nearly-spent conoidal ball entered the back of the sacrum near its middle, and buried itself slightly beneath the skin." This patient recovered.

The following case, numbered 207 on page 64, is a good illustration of an intra-peritoneal gun-shot injury:

"Private John Barr, et. 45 years, received a wound by a conoidal ball, which entered at the junction of the twelfth rib with its cartilage, and passing downward, backward, and outward, through the ilium, lodged in

* Read before the Medico-Chirurgical Society, November, 1861.

the gluteal muscles, whence it was removed by incision. On admission, the wound copiously discharged a thin, translucent fluid, resembling diluted bile, which evidently came from the small intestine; for, among other reasons, it had no fecal odor. Were further proof of the origin of the discharge required, it would be furnished by the fact that *three ascarides lumbricoides* escaped from the wound during the second and third weeks of treatment. The discharge for nine days prior to admission, was, according to the patient, similar to that above noted. A good result followed."

These cases are mentioned, not only to show how difficult it may be, in very many instances, to detect the course and lodgment of missiles, but also to indicate that, as a *gun-shot* wound *per se*, the case of the President was not nearly as remarkable as many on record—in fact, it is contended by many that the course of the bullet was *direct, without deviation of any kind*. The consideration, however, of this question would bring us too near the field of controversy which, from being trodden, and uprooted, and turned over and over so often in so many places, by so many of the profession, has become rather an unfruitful wilderness.

The actual "lessons of the bullet" are two; the first to be learned by the surgeon; the second to be taken to heart by the people. Both are wholesome, both are salutary, and will ultimately be productive of good. The surgeon must learn to remember a very simple fact (which seems to be utterly forgotten by some in the profession), *viz.*: that he is *human* and *very mutable*. That Paracelsus-like arrogance, self-sufficiency and immutability should never by him be assumed, no matter what may be his learning, position, or experience; that errors in judgment may be committed at any moment; and that a *properly-conducted* post-mortem examination may, in a very short space, contradict, in a most astounding manner, the positive and oft-repeated assertions regarding diagnosis and prognosis.

Last, but not least, it should be remembered that COUNTER OPENINGS and THOROUGH DRAINAGE in pus cavities, are the rules of practice in the nineteenth century, and that positive statements regarding the course and precise location of a bullet are not to be relied upon, until demonstrated by the probe, director, and the scalpel. The pill, perhaps, is a bitter one, but the purgation will be wholesome, and will lift the typical surgeons of the nineteenth century from their lofty pedestals of pomposity and conceit, and will place them again among ordinary weaker sons of Æsculapius, who are willing to acknowledge their short-comings, on account of the meagre and uncertain state of their knowledge and acquirements. These remarks, may, perhaps also apply to many whose names, residences, and opinions regarding gun-shot wounds and the differential diagnoses of pyæmia and septicæmia, have flooded the daily papers throughout the country.

After this the second lesson, that is to be learned by the people.

There exists, throughout this entire country, and for aught I know, abroad, both among the people and to certain extent also among physicians, an idea that, as a surgeon's work is generally *certain*, the results must be necessarily perfect. A fracture in the vicinity of a joint must be restored to a condition similar to that which existed before the injury; a nose must be made and engrafted upon a wretchedly-deformed face; and if the manufactured nasal extremity is not equal in comeliness and perfection to other people's noses, the patient grumbles and the surgeon is held responsible. If an accident happen during an operation, an instrument breaks, or from anatomical anomaly a structure be unsuspectingly divided, the operator is blamed and the hue and cry of persecution is raised against him; if an eye be lost, from the tainted constitution of a miserable patient, the oculist is summoned to court to expiate his offence by large damages. In fact, people are led to suppose—and I am sorry to say that students are gener-

ally taught—that the surgeon is presumed to be able to restore parts in situation, appearance, and structure, to a condition equal to that in which they were created by Almighty God; and if these ideas of perfection be disappointed, odium and revenge are cast upon the surgeon.

Thus it is that patients, having erroneous ideas of these matters, and considering *perfection of results* the rule—whereas it is generally the exception—readily allow themselves to be thrown into a ferment by this deformity or that unsightliness, which feeling is readily kindled into a flame of excitement—nay, even revenge—by a word from an ignorant or too anxious friend, or perhaps—truth compels the remark—by a designing or jealous doctor, who, complacently leaning in his easy chair and looking the patient over "with a critic's eye," in a most deprecatory tone remarks: "Ah, yes! a bad job that; the fellow ought to be made to pay for it. Why, Mr. S., whom I attended, had a very much worse injury than yours, and no one *now* would ever know he had been hurt." These are the facts, gentlemen; I am cognizant of them frequently, both in private practice, in college clinics, and hospital attendance!

The case of President Garfield has taught the people that errors in diagnosis (and lamentable errors too) can be made by men regarded as most skillful, learned, and experienced in the profession. The entire world has been taught that there indeed was, in this "celebrated case," a most singular mistake in diagnosis, not only publicly announced, but pertinaciously adhered to until the post-mortem examination contradicted both the proclamation and the dogmatism; the record has become a matter of history—a history that will be remembered by the jurymen in the box, when called upon to decide in cases of malpractice; that will influence the judge on the bench, when he renders his charge; that will be forcibly pointed out by the defendant's counsel in civil malpractice suits; and thus, in the mysterious ways of Providence, the great calamity which has fallen upon the country may be a protection to the surgeon—a lasting good, springing from a terrible evil.

A STUDY IN SURGICAL PATHOLOGY.*

By J. G. GILCHRIST, M.D., DETROIT.

The student of surgery is often perplexed and annoyed at the incompleteness of the foundations of surgical science, more particularly as those who should, from their position and attainments, be teachers, are content to state a fact, very often, with no attempt to explain the reason; are satisfied with a statement of effect, to the exclusion of an argument of cause. Among these unsolved problems we may enumerate the cause and source of heat in inflammation; the manner of the escape of the leucocyte through the vessels; the reason why heat, pain, swelling and redness of inflammation represent a destructive process, and the same symptoms in hyperæmia represent a constructive or formative process; why non-specific inflammations, affecting the lymphatics, rarely proceed beyond the first gland, or involve more than one gland, whilst specific inflammations proceed from gland to gland, without other restriction than the virulence of the morbid action. This last phenomenon will claim our attention at the present time, and an explanation sought from original study, but which it is possible may be found in some work not accessible to the writer.

Inflammation of the lymphatics is known in surgical nosology as *angioleucitis*, when the vessels alone are affected; when the glands alone, or chiefly, are involved, it is known as *adenitis*. The conditions are complementary, however, the latter being representative of a later stage of the former. To introduce the subject

* Read at the Oct. Meeting of the College of Physicians and Surgeons, of Michigan, 1891.

properly, let me very briefly review the semeiology. The most striking and singular feature in inflammation of these structures is the facility with which the process is established, the rapidity with which it runs through the various stages, and the small local or general disturbance, even when the intensity is considerable.

There are many cases in which the whole attack, from inception to decline, occupies but a few moments, even when oedema of the part occurs from the intensity of the inflammation. From the paucity of symptoms, it is impossible to diagnose inflammation of the deep lymphatics, unless the process is sufficiently active to implicate the glands; enlargement of the glands always, as a matter of course, indicates inflammation (or irritation) of the afferent vessels. We are dependent upon inflammation of the superficial vessels for material to study this process, and the evanescence, which is so characteristic in acute cases, deprives us of accurate and extended necropsical investigation. Probably this is a sufficient explanation of the paucity of works on general and surgical pathology in this direction, which should stimulate us to inquire into the meaning of the many anomalous symptoms that we meet in angioleucitis.

An injury sustained by a member, or the introduction of an irritant into the circulation of a part, or any occurrence that introduces a foreign element, whether derived from without or from within (by devitalization of tissue, coagulation of blood, etc.), immediately imposes the task of expulsion on the lymphatics. If this material is small in amount, or of an organic nature, there will be some enlargement of the afferent vessel, and the gland into which it empties, hardly noticeable beyond what is necessary to carry on the increased work. If the material is not capable of reorganization or disintegration, the lymphatics cannot dispose of it in a normal manner, and inflammation, succeeded by suppuration, is imminent. The moment the offending material is expelled—all things being equal—the parts return to their normal condition, and there is no visible loss in the lymphatic structure. Supposing the irritant to be some specific contagious principle, as will be shown later, the irritation will be of a permanent character, impressing more or less permanent changes, not only in the structure of the vessels and glands themselves, but even in function and the histogenetic properties of the lymph which they contain. In cases, therefore, in which the irritation is sufficient to develop inflammation of the lymphatics, the vessels will be found enlarged, hard, and turgid, from the point of injury towards the nearest gland. In acute cases, non-specific in character, the inflammation rarely extends beyond this point. Should the inflammation be intense, or the irritation unduly prolonged, the morbid action may extend beyond, and another series of vessels become implicated. Let us recall the anatomy of the lymphatic vessels, and we may find a reason for this limitation in the extent of inflammation.

It will be remembered that the lymphatics and lacteals are composed of three coats, or tunics, similar to those of the arteries, excepting that the outer coat is less firm and dense. At short intervals, much shorter than is the case with the veins, a constriction is observed, corresponding to the position of valves internally, which gives the vessel a beaded appearance. The valves are similar in all respects to those of the veins, being semi-lunar and capped, usually two in number at each constriction, but sometimes three.

Upon reaching a gland, the afferent vessel breaks up into three, four, or more, vessels, the outer coat being carried over the gland, assisting in forming its fibrous investment, the inner entering the gland, where a very free and intricate anastomosis occurs. Upon leaving the gland on the other side, the afferent vessel is formed by a coalescence of the numerous ducts; and the com-

mon vessel picks up its outer coat from the corticle of the gland.

Two suggestions are prominent from a consideration of the anatomy: 1st. That the vessel terminating in the gland, practically morbid action must cease there, unless unusually intense or specific. 2d. Extreme swelling, or dilatation, of the vessel will increase the beaded appearance, the swelling being at the expense of the intervacular portion (resistance being less at that point); and the swollen segments of the tube may be readily mistaken for small glands unless this possibility is borne in mind, and care be exercised in the examination.

The first symptom, it has been said, is a swelling and turgescence of the vessels and glands. If the irritation is continued and inflammation results, the part will become somewhat swollen, perhaps oedematous; there will be a slight rise in the local temperature, and the skin will be marked with a slightly-reddened line in the course of the vessel. The objective signs always occur in connection with an afferent vessel; they never originate in a gland and run backwards. There is usually no fever, and little, if any, constitutional disturbance. In many respects the symptoms resemble acute or diffused phlebitis; but the fact that the redness and turgescence is not in the course of a vein, that it terminates in a gland, that there is no constitutional disturbance, little if any pain or local annoyance, and the whole process evanescent, or of short duration, should serve to readily differentiate. When acute and non-specific, treatment is rarely called for. When chronic and specific, treatment must be determined by the morbid condition; e.g., whether it is syphilis, carcinoma, or struma.

Now, let us inquire why there is a difference, as to the extension and duration of the process, between non-specific and specific inflammations. We will recall that the lymphatics carry the protoplasm born in the glands, which becomes germinating bioplasts only after passage through the pulmonary vessels. We will also recall the fact that, if the doctrines of Virchow, Cohnheim, and Frey are true—of which few entertain a doubt to-day—the pus corpuscle is a dead leucocyte; dead beyond the hope of revivification. The lymph, prior to its full development, has elements of life that fit it for its future purpose, although during its residence in the lymphatics it has none of the visible characters of the leucocyte. Inflammation of the lymphatics, when moderate in intensity and short in duration, affects the vessels themselves, perhaps the glands, but exercises little if any influence upon the lymph circulating therein. The gland being reached, the inflammation ceases, as a rule, and all significance of the process likewise ceases. Now, suppose the inflammation intense; the morbid action extends to the lymph and protoplasm in the gland, and it becomes at once unfitted for purposes of growth or repair, and becomes, to all intents and purposes, pus. The swelling of the lymphatics and glands, by much diminishing the capacity of the circulating channels, has a tendency to produce stasis; the transudation of serum from the blood, and the migration of formed leucocytes due to the inflammation, coming into relation with the degenerate lymph and dead plasma, fulfill all the conditions of suppuration, which can only be averted by one of two processes: Either the inflammation will subside, and the plastic material will undergo re-manufacture, or the inflammation will extend beyond the first gland invaded, and, by an extension of the area, possibly modify the intensity, or determine localization of the pyogenic tendency. In short, in non-specific, idiopathic, or symptomatic lymphatic inflammation, like inflammation in general, the process is *destructive*, the glands being eliminators or laboratories, as the case may be.

Now in specific inflammation we find exactly the reverse of this. Inflammation, it is true, possesses common characters, no matter what the exciting cause

may be. Thus there is always an actual increase in the size of the part, a pseudo-growth, caused by the stimulation of formed cells to renewed activity by contact with the leucocytes escaping from the vessels. Unless the inflammation is chronic, this growth is but temporary, the subsidence of the inflammation being followed by a disappearance of its products. Now in specific inflammation, whilst nothing is taken away, much is added, and the germinal elements have imparted to them a morbid principle of life, which results in the formation of new tissue, durable in character, but heterogeneous. Take syphilis as a familiar example. Surgeon Kidder, U.S. Navy (Med. and Sanitary Reports, III, 1873-4, p. 512) in a foot note to an article upon "Venereal Diseases in Japan," says as follows, quoting Prof. Otis: "He holds that the poison of syphilis is broadly distinguished from that of chancre, in that it is *per se* bland and un irritating in its nature; that it is possessed of and capable of transmitting an exaggerated vitality; that it in no way interferes with the prompt and thorough healing of the part to which it is applied; and that one of the earliest manifestations of its peculiar properties is the production of coagulation in neighboring albuminous material. Therefore, when the poison finds entrance into the system, the solution of continuity through which it entered may heal readily and entirely, and the 'disease germ' be for a time imprisoned by the surrounding coagulation. The primary incubation is the time which elapses between inoculation and the evidence of this coagulation or induration. The tendency of the vital (amœboid) movement of the disease germ is, however, always towards a lymphatic canal, traversing which it is arrested by the first gland, and coagulation again occurs. Here fatty degeneration of the germs may occur, and the *materies morbi* be evacuated as a gelatinous deposit. More commonly, however, the germs eventually find their way, either individually or by transmission of their properties to neighboring bioplasts, into the general circulation, whereby the secondary manifestations of the disease appear." That is, as Otis states, "the secondary incubation is merely the measure of delay met with by the diseased germs in passing through and out of the largest lymphatic gland into the general system." This will give a clue to the student for the solution of the problem I have propounded, but scientific accuracy demands that we proceed further.

The germinal elements of which an organized body is composed, and its nourishment and repair maintained, are stamped with an individuality at the moment of their creation. In the protoplasmic condition, before the plasma has assumed the dignity of inherent life, the mass is waiting for the impress it shall receive and retain later. Not only will the bioplasts be endowed with life themselves, but they shall also communicate life to formative tissue with which they come into relation; and not mere life only, but a life corresponding to their own. If it is carcinomatous, cells vivified by it shall be carcinomatous; if syphilitic, its relations and offspring shall be syphilitic. The interchange of a life principle does not end with the first or primary conjunction; the cells newly aroused into activity will communicate life to others, still dead, and they to others, in course of time, until the whole cellular structure will ultimately partake of the individuality born with the original germ.

Now we will suppose a case of angiotomocytitis, with adenitis, popularly known as a bubo, as occurring in the primary stage of syphilis. We do not find a single glandular swelling with much local inflammation, but a chain or series of them, of low inflammatory intensity, and if suppuration occurs at all, it is imperfect and tardy. The irritation differs from ordinary glandular inflammation, in that the plasma is not devitalized, but becomes the recipient of a morbid vitality. Upon this principle reaching the glands, or brought into relation with formed bioplasts, this new life-principle is communicated to them, and whilst their tissue-forming activity is not a whit impaired—nay, even largely augmented—the

character of the tissue thus formed is likewise abnormal and heterogeneous. Here, therefore, is the explanation as I conceive it.

Non-specific inflammation, being destructive of tissue under all circumstances, and acting as a stimulant to exaggerated function, furnishes material for the glands to eliminate or make over, and hence usually terminates in the first gland it reaches.

Specific inflammation, being formative, and yet at the same time characteristically irritant, furnishes nothing to eliminate, but proper formative material, carrying the specific contagion with it. This passes from gland to gland, as other and normal germinal elements will, but its specificity is sufficiently irritant to induce exaggerated function, and consequent glandular enlargement.

PUERPERAL MALARIA.

By F. B. MANDEVILLE, M.D., NEWARK, N. J.

It is my intention to lay before you the clinical history of two or three cases out of a number, similar in character, that fell under my observation during the past year. To these cases I have given the name of puerperal malaria, as they have seemed to be a sort of congestive remittent or intermittent occurring during the puerperal state, while they may have some of the symptoms of septic fever—they lack the full picture—then chill, followed by fever and a sweating stage, returning at regular intervals; the prolonged sickness and tedious convalescence without death, in any case that I know of, all point to malaria.

You may recognize in the symptoms of my cases some of your own experience, which will, I trust, elicit some discussion that will be of advantage, and may account for the report of the many cases of child-bed fever within the last year.

The presence of high temperature, rapid pulse, with the consequent depression of the vital forces and energies of a puerperal woman, is a cause of the greatest anxiety to her physician, which must be greatly enhanced if there be symptoms of the sudden arrest of lactation, a diminished, disagreeable lochia, indications of pelvic inflammation, phlebitis, syncope, mania, etc. With such a host of symptoms as would arise, it would be folly for us to trust to them alone for our diagnosis, or to the key notes they might furnish us in the selection of the proper remedy. We can only rely on a careful differential diagnosis—one of exclusion, possibly—in which all the surrounding circumstances shall be taken into consideration. This will alone enable us to decide whether such manifestations are due to the so-called diseases of the puerperal state, such as puerperal fever and mania, septicæmia, phlebitis, metritis, etc., all of which, in some degree, this fever resembles, or to some atmospheric cause or poison acting on a system already depressed or modified by the various changes which are taking place during the parturient's convalescence.

The cases I am now about to present as illustrations of this form of malaria occurred in different sections of the city, quite remote from each other, were not under treatment at the same time, and although springing, according to my judgment, from one common cause, each presents an entirely different train of symptoms.

Case I.—Mrs. C., aged 35, multipara, confined Feb. 18, 1880. After a tedious labor, made the usual progress, milk appearing on the third day without fever and but slight disturbance. On the afternoon of the fourth day, without premonition, was seized with a sudden and very severe chill, lasting some two hours, followed with high fever; temperature 105; pinched, wild, anxious expression; active delirium at one moment, silly, then sorrowful; voice shrill, accusing me of having destroyed her child, which, when shown to her, she called her dear, dead baby; pain in hepatic region; no abdominal tenderness, but considerable tympanites,

with suppression of both milk and lochia. Diagnosis at this time was puerperal fever or mania, and in my mind, the prognosis was grave. The treatment was *Gelsem.*¹⁰ and *Bell.*¹ On the following morning I learned that she was very comfortable, that toward morning she fell into a quiet slumber, that her perspiration had been profuse, and that when she awoke, she seemed herself. On my visit I found her cheerful; she did not seem to have any realization of the previous afternoon and night; said she did not think she had been sick enough to feel so weak and fatigued; the milk and lochia had returned; continued the treatment. All went well on this day, but on the following afternoon, at about 1 P.M., all the above symptoms returned, with much the same severity; continued the *Gels.*, and on abatement of fever gave 5 gr. *Brom. Quinine*, and followed it up every four hours. The symptoms recurred every other day, with less and less severity, for fourteen days, after which she had no further indications, and was discharged on the 18th day. After the first chill I gave this case in all 140 grs. of *Quinine*, and it may be of interest for me to add that she did not complain of headache, ringing in the ears, deafness, or of any symptoms due to cinchonism, and I have observed the same tolerance in all similar cases when I have deemed it best to administer this drug heroically.

Case II.—Mrs. R., multipara, had a quick and normal delivery. Milk appeared, without fever, on third day; seemed quite well until the fifth day, when she was depressed and hysterical; gave *Ignatia*. On the next day complained of pain in head, back and lower extremities, with thirst and loss of appetite; temperature normal; gave *Acon.* and *Aren.* Seventh day, no improvement. Eighth day, in the morning, had a rigor of moderate intensity, followed with a temperature of 104. Great pain, and over left side of lower abdomen; gave *Gels.* and *Bell.* Ninth day, chill one hour later; tympanites increasing; red lines with tenderness down inside of thigh; lochia dirty and very offensive; both this and the milk ceased on the next day on appearance of rigor. I neglected to state that following each febrile stage there was profuse sweating, and that the chill came on an hour earlier each day, and was at normal temperature six hours each day. My patient grew feeble very rapidly; took but little nourishment; her stomach seemed fast giving out. I gave *Quinine* and *Brandy* hypodermically, *Acon.* and *Ham.* internally, and nourishing enemata. Her stomach regaining its strength, I gave the *Quinine* on the third day by mouth. She continued slowly to improve, with the daily rise and intermission, for 21 days, and was discharged 30 days after first chill.

Case III.—Mrs. H., Primipara. This case was invaded on the evening of the second day after her accouchement. I supposed the chill and fever due to the appearance of milk—which never came. Delirium began with the chill, and continued till the fever went down. At the beginning of the rigor she would pass into a state of coma, from which she would rouse as the temperature increased, become wildly delirious, and lapse back as it declined. Then followed a state of remission, with normal temperature. As this patient had had intermittent fever before her accouchement, I gave Fowler's Sol 5-drop dose four times a day; *Hyoscy.* to control mania. This case was on my hands with varying success for over two months. I tried everything; it was a case of hide-and-go-seek between the doctor and disease, with disease a little ahead. She was at last cured by change of air.

Case IV.—Called Oct. 1, by Dr. P., of B., to see lady, aged 33; had been confined with her third child the 25th of July; after an ordinary labor, made a good recovery up to the fifth day, when she had a chill, followed by high fever, great abdominal pain, tenderness and tympanites. On subsidence of the fever the tympanites and pain partly diminished. Same results as to chill and fever for three following days. Then

followed pain in left leg running down to knee, with edema of the whole limb. No trace of albumen in urine. The diagnosis of her Old School physicians varied puerperal fever, phlebitis, phlegmasia, alba dolens, Bright's disease and malaria. She passed through all the above conditions with varying intensity, until she fell into the hands of Dr. P. He treated her, with gratifying results, for about two weeks, and considered her able to be dismissed, when he was summoned to find her with prolonged rigor, followed by a recurrence of all of her old symptoms. The *Arsenite of Quinine*, $\frac{1}{12}$, has been given with gratifying results. She has finally made a good recovery with this remedy alone.

I leave these typical though aggravated cases without comment. I think I have made out a case against malaria and am of the opinion that many of the so-called cases of puerperal fever have their origin in it, and not in septic or pyæmic poison.

MEDICAL LEGISLATION IN GEORGIA.

By F. H. ORME, M.D., ATLANTA, GA.

Improvements in laws regulating medical practice in the different States, of course interest you and the profession.

The statutes in Georgia, until recently, established an Allopathic, an Eclectic, and a Reform Board of Medical Examiners to examine applicants for license to practice in their respective schools. Those practicing in a school not represented by a board (homœopathists) were allowed to practice upon their diplomas alone.

At the meeting of the Allopathic State Society last Spring it was determined that a bill should be presented to the legislature, proposing the establishment of one board in place of all these—the appointees, of course, being expected to be all of the allopathic school—otherwise the board, it was argued, could not be harmonious!

This bill made reference to all but the old school as practicing upon some "exclusive" system—a term always offensive to homœopathic ears.

Circulars were issued with an urgent appeal to every physician in the State to use his influence, by voice or letter, with senators and representatives, in favor of the bill. Thus dissenters were, of course, forewarned.

The Committees on Hygiene and Sanitation, to which such bills were referred, consisted of five in the Senate, and thirteen in the House, all allopathic physicians! They listened courteously, however, to objections to the bill, and evidently saw that they were reasonable. They were informed that homœopathists had always reprobated, and do now more than ever vehemently reject and scorn the charge of "exclusivism;" that the American Institute of Homœopathy was formed mainly, as stated in its constitution, for "the improvement of homœopathic therapeutics, and all other departments of medical science." They were treated to readings of a liberal allowance of quotations from the late excellent address of President Dowling, with reference to the claims and position of homœopathy—and they were shown that our president's definition (which they did not deny is the only rational one) of the term "regular physician" was adopted by our Institute—the national representative body of our school.

Among other proofs, they were shown the announcements of our principal colleges—demonstrating that not only was nothing excluded, but that every proper thing was included in the education of the homœopathist. They were furthermore assured that no thoroughbred homœopathist would affiliate with a pretended physician who would acknowledge himself as exclusive—and that the attempt to class the homœopathist as an irregular under that clause of the Code of Ethics of the American Medical Association which refers to "exclusive dogma," etc., was practically a slander. Some gentle hints were here and there thrown in to the effect that possibly the reproach of exclusivism might more justly be applied elsewhere.

The facts presented were observed with interest, and some of the stronger men of the committee expressed themselves as being satisfied that we had a right to earnestly object to having the stigma of exclusivism thus stamped upon us.

The House committee to which the bill was referred refused to recommend its passage. The attempt to obtain this coveted legislation failed! A substitute and various amendments were offered. The result was the adoption of a bill dissolving all existing boards, and requiring a registration, under oath, by each physician, of his place of birth and the authority under which he is practicing or intends to practice—no authority to be hereafter recognized but a diploma from some chartered college—without regard to school of practice.

Boards of examination have often been shown to be inefficient and iniquitous in their proceedings. They are not now required. We have better law without their existence. It is an evidence of progress when they are abolished. There is now, in law, no dominating school here—all being upon an equal footing—and it is to be hoped that ere long the same may be said with regard to each of the States of our country, as is the case in theory, if not in practice, with our general government.

BERI-BERI.

By ALFRED K. HILLS.

The above most unscientific name for a disease—signifying merely "great weakness"—has been adopted to denote a group of phenomena at present of quite frequent occurrence in Brazil and corresponding latitudes. It is not, however, as it is popularly supposed, a new disease, neither is it entirely confined to tropical climates. It is constitutional, of an infectious nature, and its mortality is set down at 26 per cent.—second only to that of cholera. Non-febrile, endemic, and limited to certain localities in which it may become epidemic, it assumes a mixed condition of paralysis and oedema, affecting most profoundly the nervous system, as is shown by the characteristic derangements of digestion, respiration and circulation.

Cases of this disease may be divided into acute, sub-acute, and chronic, the sub-acute being the most usual.

In the stage of *incubation*, the patient complains of universal malaise, languor, and muscular debility. This sense of prostration is accompanied by drowsiness and numbness, with some oedematous swelling of the extremities, more or less painful. Examination reveals a decided diminution of cutaneous sensibility upon the anterior surface of the legs, the lower abdomen, the tips of the fingers, the lips, or perhaps in all these situations. At the same time deep pressure upon the muscles of affected parts, more particularly the calf and pectoral region, determines the existence of much hyperæsthesia.

As the disease advances, the general weakness increases, the pains extend and become more severe; violent palpitation of the heart is almost always present, and a sense of firm constriction, like a girdle, commencing at the pelvis, ascends to the chest, and often causes severe distress. The pulse is of high tension, and this quality alone will often lead an experienced observer to suspect the nature of the case. Palpitation and auscultation detect at the base of the heart, and for some little distance above that point, a peculiar semi-metallic purring thrill, which of itself is sufficient to furnish a strong presumption as to diagnosis.

The dyspnoea increases, and the hard, elastic oedema extends over the whole body. Gradually the pulse diminishes in force, and the power of locomotion is lost; the sight fails, the voice is hoarse and almost extinct, and the patient becomes sleepless and hypochondriac.

When the termination is favorable, recovery is first manifested through the vegetative functions, and the symptoms disappear in the inverse order of their occurrence.

In fatal cases of the acute form, the symptoms are suddenly and violently exaggerated, the temperature rapidly sinks even below 90°, and in a few hours, generally, the patient succumbs to asphyxia, produced by paralysis of the respiratory muscles.

Chronic Beri-beri presents more or less of the phenomena above described. In addition, the muscles of the extremities; especially those of the legs, degenerate and atrophy. Cramps are not uncommon while the contraction of the muscles of the calf induces marked deformity, and a peculiar gait which is almost pathognomonic. Exacerbations often occur, and the patient, if unrelieved by treatment, after months or even years of suffering, may die from exhaustion, or extension of the paralysis to vital organs.

As to the *sequela*, it is probable that in many cases the heart remains permanently affected, though not often to any serious extent. Muscular atrophy, as well as localized induration of the muscles, often persists, and requires special treatment.

Post-mortem examination shows the blood to contain water in excess, with few solid constituents; also *Sulphuric acid*, soda, *Phosphates of Lime and Magnesia*, with *Phosphoric acid*, *Potassa*, *Fibrin*, *Globules*, *Albumen*, and extractive matter in small quantity. Color, dark red, and it emits a peculiar odor.

Meninges congested; arachnoid and pia mater infiltrated; cerebral lobes infiltrated and injected; gray substance softened.

Cerebro-spinal liquor often augmented. Hyperæmia sometimes confined to the lumbar region.

Sometimes excessive serous infiltration, in other cases a collection of liquid between the dura mater and the arachnoid.

Medulla more or less congested. Pleural cavities contain a yellowish or bloody fluid, with jelly-like coagula. Lungs congested and oedematous, and in paralytic cases filled with black blood. Heart discolored and filled with fluid or coagulated black blood; right ventricle dilated.

Accumulation of serum in the peritoneum in some forms of the disease. Intestinal mucous coat hyperæmic, and kidneys congested.

As to the *causes* of this disease, the most recent observers have expressed the opinion that beri-beri is due to a specific poison, probably of telluric origin, the diffusion of which is much influenced by atmospheric conditions.

Any cause which depresses the vital power, such as deficient nutrition, exposure, bad ventilation, faulty drainage, and other errors of hygiene, or which specially predisposes to the contraction of disease in general, as childbirth, may determine an attack of beri-beri, where the specific poison is present, but there only.

It is shown by statistics that wet and cold are important factors in developing the disease.

The symptoms, it is said, rarely begin to appear within six or seven months after first exposure to the causes.

The disease was first introduced into our own country, so far as is known, by means of the infected crew of a Brazilian vessel of war, which arrived at San Francisco in the summer of 1880 for an account of which we are indebted to the *Pacific Med. and Surg. Journ.* The patients were placed in the marine hospital, and the results of observation in their cases will be made known in due time by the authorities in charge.

The treatment must necessarily vary with the symptoms, nothing approaching to the nature of a specific remedy having been yet discovered, according to "Old School" authority, and we of the "New School" only expect to find *individual*, specifics, in any disease.

Dr. Eldridge, writing of the disease as it appears in Japan, says that, as regards its milder types, paresis may be combatted by *Strychnine*, electricity and massage. "No remedy," he adds, "is so efficient for the reduction of the muscular hyperæsthesia as *Aconite*. I

am informed by Dr. Simmons, of Yokohama, that *Aconite* has long been used by the native profession for this purpose, and that his personal experience of it has been favorable. I have of late used it to a considerable extent, and have found it beneficial in rather more than half the cases in which it was given. *Phosphorus* has been suggested, and Dr. Anderson speaks highly of it in cases of localized atrophy following the more acute forms. The experience of native physicians has led them to interdict the use of rice, as the first step in treatment. For this they sometimes substitute other cereals, but more often a small red bean, which of itself possesses some diuretic power." The strict observance of hygienic and dietetic rules is of prime importance, both as a means of prevention and of cure.

But all these measures frequently prove inefficient, even in the milder forms of the disease, so long as the patient remains in the locality in which it was contracted. His prompt removal to a region in which no cases have been known to originate, is, therefore, the first thing to be insisted on.

The rapidity with which many cases of beri-beri recover after a change in air and surroundings is described as "sometimes almost miraculous" as is, unfortunately, the equal rapidity with which the disease often asserts itself upon the return of the patient within the sphere of its action.

REPORT OF A CASE.

The only case of beri-beri I have had the opportunity of observing and treating, was that of a most intelligent Brazilian who had fled his country at the advice of his physician for the purpose of escaping the disease which had already invaded and most thoroughly taken possession of his organism. At my first interview with him, he had lived in our midst for some months without improvement. He then presented in unmistakable form, the disease in its chronic variety.

His voice was weak and hesitating, his gait tottering and doubtful.

On looking at him he gave the observer the impression that he was either under the influence of a narcotic, or else was profoundly stupid.

On being questioned he would hesitatingly and very slowly but correctly describe his feelings. He complained piteously of his suffering, and his mental state was one bordering on melancholia.

The most painful symptoms were the cramps in the calves, and the sensation as if a girdle encircled his abdomen. The muscles of the lower extremities had become so much atrophied, that his efforts at locomotion were greatly impeded, and anæsthesia was quite complete.

He complained of loss of appetite with indigestion, great inactivity of the bowels, which the most massive cathartic failed to relieve—and he had taken immense doses for months—palpitation of the heart, sleeplessness and the most profound general weakness.

On examining into the case I found that previous to his being attacked by this disease he had suffered for a long time a most severe mental strain in the form of grief, and even at our first interview he could not refer to the subject without emotion. This mental state was evidently the first cause of the neurasthenia which permitted the invasion of the disease, and with this view of the case, together with other phenomena, our first and last prescription was *Ignatia amara*. Under this remedy the bowels rapidly regained their natural tonicity, the stomach performed its functions, the appetite returned, and all the symptoms of the affection disappeared rapidly, inversely as they occurred. I may add in connection with the treatment of this case, that an occasional dose of *Sulphur* was the only other medicament the patient received. The body was sponged daily with a solution of German bathing salt followed by friction, and the anæsthesia and cramps gradually wore away.

You can scarcely imagine the delight with which the

patient observed his progress toward recovery, and his enthusiasm in behalf of the medical system which effected the cure knows no bounds, and we may expect much from his efforts to be exerted in his own country in aid of our cause.

ON THE THERAPEUTICS.

In the therapeutics of this disease we have no hesitation in placing *Strychnia* in some of its forms of combination, in the very front rank. As will be seen in the case reported, the *Ignatia amara* was the specific form required in that particular one, and farther differentiation of the symptomatology of the remedy, beyond what has already been given, would savor of superfluity.

The *Nux Vomica* will undoubtedly be found the most frequently indicated. As we all know, there is none better in its antidotal relations to massive drastic drugging, and its action through the cerebro-spinal centres upon the functions of the stomach, and as a general nerve tonic, is manifested in no uncertain manner, and makes its individualization so pronounced, that no student of materia medica need fail in its proper selection.

Sulphur is one of the best and most universal alteratives that our materia medica can boast of, and it is most intimately related to the condition which obtains in many cases of beri-beri, in some one or more of its stages.

Its influence in certain cases of disturbed vascular circulation in which the disturbance is manifested by cramps in the calves, by cold extremities, and by abnormalities of appetite and digestion, is well marked, and clearly defines its place as a therapeutic agent in the disease under consideration.

Arsenicum album and *Phosphorus* will both be found a place in the treatment of this formidable disease, and they must be selected in accordance with their respective symptomatology.

EUCALYPTUS IN BRONCHITIS.—Dr. Bell says: "The *Eucalyptus globulus* has remarkable anti-catarrrh virtues. The only preparation which I have used has been the tincture prepared by several of the most eminent druggists in Edinburgh, and I have seldom prescribed more than a teaspoonful, mixed with a wine-glassful of water, twice a day. In several cases of bronchitis, with profuse expectoration, I have witnessed remarkable benefit after a very brief use of the remedy, evinced by a rapid diminution of the discharge, and also by a corresponding improvement in the general condition of the patient."

THE TOYNBEE DISC is the *sine qua non* for all aural catarrh. I consider it of the greatest use when there is entire or almost entire destruction of the membrana tympani, and the ossicles still remaining. In perforations following acute suppuration, with no great destruction of the membrana tympani, I prefer to use simply a disc cut from sizing or parchment paper, slightly moistened, and placed over the perforation. I have several times seen perforations heal under the use of the paper disc, with no other treatment than gentle syringing with warm water.—Dr. A. S. Core, in *Medical Call*, April, 1881.

NITRITE OF AMYL IN WHOOPING-COUGH.—Dr. R. C. Bowels reports (in the *Virginia Med. Monthly*, March, 1881) the cure of a very severe case of whooping-cough in an infant of four months, by the inhalation of the *Nitrite of Amyl*. Death was threatened at each recurrence of the paroxysms. After using the remedy for eight days the child was convalescent. Without it, Dr. Bowels is satisfied the patient must have died.

CHLORAL, according to M. Bouchut, in the *Paris Medical*, is the best anæsthetic for children. He has administered it to them in upwards of ten thousand cases, and always with the most satisfactory results.

CLINIQUE.

HOMŒOPATHIC HOSPITAL, W. I.

A RARE CASE OF FIBRO-CARTILAGINOUS
TUMOR OF THE ABDOMINAL PARIETIES.

SUCCESSFULLY REMOVED BY PROF. WM. TOD HELMUTH, M.D. CASE ATTENDED AND REPORTED BY W. A. DEWEY, M.D., HOUSE SURGEON.

Andrew S., æt. 46; Octoroon; occupation, oysterman. Admitted to this hospital June 1, 1881, for treatment of tumor of the abdomen. His past life has been as free from excesses and disease as is usual in hospital patients. Has had yellow fever, small-pox, swamp fever, gonorrhœa, chancroids, and some muscular rheumatism, and he has at present a double inguinal hernia. Has used tobacco and alcoholic drinks in moderation since the age of 20; at present is of strong and robust constitution, and remarkably courageous.

In April, 1879, while rowing a boat, his attention was attracted, by a dragging sensation in the ensiform cartilage, to a small tumor situated in the epigastrium. Since then the tumor has gradually increased in size until the present time. About two months ago there appeared a blister on the centre of this tumor; this soon broke, and left a small ulcerated surface about one and a half inches in diameter, which discharged a thick, yellow, offensive pus. The growth of this tumor has been unattended with pain or any constitutional symptoms. His appetite has been good; thirst and urine normal; bowels inclined to constipation.

Physical examination reveals a tumor nearly circular in shape, about six inches in diameter, projecting three inches beyond the anterior surface of the abdomen, situated in the medial line, between the umbilicus and the ensiform cartilage. It is slightly movable, nodule, and of a cartilaginous feel; percussion gives a flat sound. It is not sensitive to pressure, except about the ulcerated surface. He has been treated by many physicians for this trouble, but without receiving any benefit.

This patient had been examined by several medical gentlemen in Philadelphia and in New York, none, however, being willing to give a diagnosis. He then came under the care of Dr. Robinson, of Staten Island, who referred him to Dr. J. W. Dowling, from whose case-book the following notes are extracted:

"Patient apparently well nourished, and over six feet in height. Respiratory movements normal; chest capacity diminished. No evidence of pulmonary disease. Heart-sounds pure—no hypertrophy. Liver-dullness in nipple line normal. Area of spleen-dullness normal. Beneath the ensiform cartilage is a large, apparently fibroid growth—in the abdominal walls—extending nearly to the umbilicus, and some nine inches in diameter. The tumor is slightly movable, and does not appear to be attached to any of the abdominal viscera."

Case referred to Prof. Helmuth for operation. The growth was thought to be fibro-cartilaginous.

June 7, 3 P.M. Dr. Helmuth, after examination of tumor, decided to operate. The patient having been placed under *ether*, an incision was made in the linea alba, over the tumor, five and one-half inches in length; another incision was then made transversely, ten inches in length, crossing the first incision about its centre, at right angles. The four flaps thus made were then dissected up, and the tumor—which was situated on the Transversalis fascia, and adherent to the peritoneum at one spot, seeming to originate from the 8th left costal cartilage—was removed; it being necessary to incise the peritoneum to an extent of about two inches. The tumor, upon examination, was found to be enchondromatous in structure, weight two and three quarters

pounds (44 ounces), nearly circular in shape, and about 15 inches in circumference. The wound in the peritoneum was secured by fine silk sutures. The hemorrhage, which was comparatively slight, being controlled, the flaps were approximated and secured by silver wire sutures, 15 in number, leaving an aperture at the site of the ulcerated surface, two inches in diameter. Two drainage tubes were placed in the wound, which was packed with strips of lint soaked in *Tincture of Calendula*, one part to six of water, adhesive straps being used to support the flaps, and a compress was bandaged to the wound. The patient rallied from the operation nicely; his temperature fell to 96½°; pulse 68, of moderate strength. His extremities were cool. Hot bottles were placed at his feet. *B. Acon.* tincture hourly, in solution.

June 8. Patient passed a comfortable night, having slept considerably; temperature at midnight, 103°; pulse, 84; respiration, 36. Temperature at 6 A.M., 102°; at 6 P.M., 102½°. Complaints of considerable soreness, but no severe pain, except on coughing or on making a sudden motion. Has passed his urine naturally. Brandy and milk or beef tea were given him at intervals of three hours. *B. Acon.* tincture in solution, and *Ars. 3*, hourly in alternation.

June 9. Temperature, 6 A.M., 100°; pulse 112; respiration, 32. Temperature, 6 P.M., 98½°. Wound dressed as before. There is a considerable discharge of a thick, yellow, slightly offensive pus. Patient slept well during the past night. Treatment and nourishment continued.

June 10. Temperature, 6 A.M., 98°; 6 P.M., 99½°. Drainage tubes removed. Same dressing continued. Wound looks healthy, and is granulating nicely. Patient is quite comfortable. *B. Ars. 3* every two hours.

June 13. During the past three days the patient has rapidly improved. In addition to the beef tea and brandy he has taken mutton broth and chicken soup. His wound, which has been dressed morning and evening, is rapidly filling in with healthy granulations. The temperature has been nearly normal. (See temperature sheet.) *B. same.*

June 18. Wound clean and rapidly healing. Discharge moderate and healthy. Patient's condition is excellent. Medicine discontinued.

June 22. Wire sutures removed to-day. The flaps are united. Patient rapidly gaining strength, and anxious to get out of bed.

June 27. Patient is up and about hospital for the first time. Wound healing rapidly. Discharge healthy and moderate in quantity. His general condition is excellent.

July 15. Discharged cured.

LOCAL ANALGESIA AS A THERAPEUTICAL MEASURE.—Dumontpallier, of Paris, produces local analgesia by irritating the nerve of the side of the body opposite to the affected one. He looks for the exact point corresponding to the painful point of the affected side and then injects subcutaneously a syringe full of common water, which, as well known, suffices to produce a local irritation. Experiments were thus made in ischias, pleurodynia, lumbago, and especially in acute articular rheumatism. The results were highly satisfactory. The pain ceased immediately, though the affected joint remained red and swollen. The patients unanimously declared that the pain disappeared, but that the joint feels stiff yet, preventing motion. Old and new cases were thus benefited.—*Med. Neuigk.*, 15, 1881.

HEPATOTOMY.—Mr. Lawson Tait, of Birmingham, Eng., has performed hepatotomy three times recently, with perfect success. There was no adhesion of the liver to the walls in two of the cases, and the wounds were stitched together.

ALVEOLAR ABSCESS.

BY J. MORGAN HOWE, M.D.

Conditions, local or systemic, causing the formation of abscesses, are generally recognized as detrimental to health, and continuous purulent discharges, even if small in quantity, as inducing debility; but large numbers of intelligent persons, many of them the patients of well-informed physicians, have in their mouths unhealed fistulae which are discharging almost constantly. As "gum boils" these often continue unnoticed for years, even in the mouths of cachectic patients, without their treatment being thought of, because their deleterious influence is overlooked. If the pus, on account of density of the fibrous connective tissue of periosteum or fascia, should burrow, and make an external opening on cheek, neck or shoulder, neither patient nor physician would be slow to appreciate the need of treatment, but in some unaccountable way it happens to be regarded as of little consequence, if the orifices of fistulae having a dental origin are within the oral cavity, notwithstanding that to all the influences on the system involved in any suppurative process there are added those that result from the admixture of the purulent discharges with the salivary secretions, and the aliment, on their way to the stomach. These abscesses are among the little things of common occurrence whose importance as factors in disease has not received due consideration. Their influence on the system may not always be apparent, nor their cure produce marked improvement of health; but symptoms of most chronic ailments must be more or less aggravated or modified, and cure of any disease retarded, if not prevented by any suppurative process. Alveolar abscess rarely, if ever, results from any other cause than the devitalization of teeth pulps, and from these insignificant lesions it is that most of the more extensive maxillary abscesses, with necrosis of bone, have their origin. After the devitalization of a tooth pulp, the pulp cavity of the tooth is the receptacle of the products of the putrefaction of the dead pulp tissue, which in their escape through the apical foramen become the cause of irritation, and generally of inflammation, in the alveolo-dental periosteum tissue. This irritation frequently produces neuralgic pains, referred by the patient to more or less remote regions, supplied by branches of the fifth nerve of the same side. It is not uncommon for neuralgia to accompany the process of chronic inflammation through long periods, but oftener the inflammation terminates in abscess, the pus finding exit generally through the external plate of the alveolus and the gum tissue. The fistula thus produced gives evidence by the discharge of the process within, and the condition thus established is in turn a common cause of neuralgia and of disturbances in the nutrition of tissues more or less remote.

Impairment of function of the eye or ear, by irritation of the peripheral nerves distributed in an exposed tooth pulp, or in the periosteal and maxillary tissue contiguous to a tooth having a devitalized pulp, is not an uncommon occurrence. Suppuration in this region is generally confined to narrow limits, but it is not very uncommon for it to extend with considerable destruction of hard and soft tissues, and to produce noticeable systemic disturbance. An otherwise healthy man, who had for some months been treated for malarial disease, had no return of his daily chill and fever after the removal of a tooth and some portions of carious alveolar process. The abscess in this case had existed for six years with profuse discharge, notwithstanding several consultations of both physician and dentist in regard to it. Any abscess in the facial tissues, whether incipient or fully established, will almost without exception be accompanied with periostitis of the alveolar socket of the offending tooth, if the abscess is of dental origin. This periostitis is also present when a devitalized tooth pulp causes irritation resulting in reflex neuralgic pains.

Tenderness of a tooth to percussion is therefore a pathognomonic indication of the dental origin of such inflammatory processes. The application of percussion to the teeth, together with examination for exposed pulps in carious cavities in the teeth, in cases of neuralgia, will almost always be sufficient to determine the diagnosis of the exciting cause of such abscesses, or of certain forms of neuralgia. Suppuration may be limited and even arrested, and reflex pains allayed by accurately prescribed drugs, but relief cannot be so certain or lasting as by the removal of the cause, when that can be attained. Pathological conditions of dental and maxillary tissue are the cause of so much suffering, through the relation of these tissues to the trigemini, that the importance of correct diagnosis in cases of facial neuralgia can hardly be overestimated. Whenever such affections are not traceable to causes with which they appear to have distinct relation, or when the etiology of either functional or organic abnormalities of eye or ear is not readily diagnosed, a careful and intelligent examination of the oral cavity and the teeth would, in not a few cases, reveal exposed teeth pulps in cavities of decay, or alveolar abscesses in incipience or already established, which on treatment would result in cessation of irritation.

Teeth in abnormal conditions so frequently cause abscess that inquiry and examination for such causes of debility should not be considered unnecessary. The complete restoration of normal conditions, in the mouth as elsewhere, is always indicated, and to pass over the consideration of these causes of nervous irritation, disturbance of nutrition, and general depression is to disregard very common and potent factors in disease. No care for nor study of the condition of the symptomatology or of drugs will so much conduce to amelioration or relief as will attention to diagnosing and removing the causes, when these are of the nature under consideration, and therefore removable. The symptomatology alone of dental pains is a very uncertain reliance on which to base a prescription, excepting when the exciting cause is for the time more systemic than local, as in the toothache of pregnancy. At this period severe pain frequently occurs in connection with teeth which have suffered so slight a lesion from decay as would be insufficient at another time to produce pain, and although the local treatment of such cavities would be sufficient to afford relief, yet the systemic disturbance being so predominant as a cause, the conditions producing pain are quite amenable to treatment according to symptoms. Also in the nervous irritation of primary dentition, occurring, as it so frequently does, before the developing tooth has escaped from the alveolar crypt. The cause of disturbance is locally the result of a lack of due absorption of the alveolar walls, in perfect harmony with the activity of the eruptive force, producing irritation of the germinating tooth pulp. No local interference is permissible here, and the constitutional derangements resulting are generally met by general symptomatic treatment. Under the ordinary conditions, however, which have been considered, the local causes are largely predominant, and most symptoms are of little value as indicating treatment. Physical examination of the mouth is less common than would be serviceable, and especially is too little thought given to the deleterious influence of carious teeth and of dental and maxillary abscesses. Pyogenic conditions should, in every instance possible, be treated for an ultimate and radical cure; but in the region under consideration this truth is too often ignored. Offending teeth should either have their conditions so changed as that the surrounding tissues would be restored to health, or else the teeth should be removed; but suspected teeth should not be condemned to extraction, because of tumefaction of facial tissues, without the distinct recognition of connection between the tooth and tumor, which is generally to be known by the periostitis manifested by percussion of the tooth.

Attention to this diagnostic indication will assist toward relief in cases of dental origin, and also toward the conservation of valuable teeth, which are too frequently condemned on little more than suspicion.

RECTAL EXPLORATION AND DIAGNOSIS.—Dr. Charles B. Kelsey, of New York, contributes an article to the *New York Medical Journal and Obstetrical Review* for October, 1881, which contains several valuable suggestions and the descriptions of some methods which are original. After referring to the many errors which arise in this department of surgery from the lack of care and proper examination, he goes on to answer the question of how to make a rectal examination which shall be at the same time thorough and as free from pain as possible. In his own practice he uses an artificial light of his own arrangement and a forehead mirror, which enable him at all times to illuminate the rectum thoroughly, while by the side of the examining table stands an instrument-case fitted with all necessary appliances. In addition to these things he insists strongly on the necessity of having a water closet communicating with the office, so that injections may be administered and the bowels moved at the time of examination. In the matter of specula he confines himself almost exclusively to Sim's, finding this the best of all after the sphincter has been stretched, and not finding any that give a fair view of the parts until this has been done. He relies, however, much more upon the finger for a diagnosis than upon any artificial helps, and claims that with it, after the necessary skill has been acquired, the slightest pathological changes may be detected. In the matter of bougies he also has his own preference, and recommends a soft-rubber instrument, similar to that of Wales, only more flexible. For detecting strictures high up in the rectum or in the sigmoid flexure little confidence is to be placed in a bougie of any sort, and the writer relies almost entirely upon manual examination either through the abdominal wall or by passing the hand into the rectal pouch. The latter method he holds to be free from danger and certain in its conclusions.

PYROGALLIC ACID IN SOFT CHANCER.—*Le Siècle Médical* gives the following formula as used by M. Terrillon and others: Starch 10.0, Vaseline 30.0, pyrogallol acid 10.0. The ointment should be preserved in a glass-stoppered bottle. The pain from the application is not severe and does not often last over five minutes. The application to the anus causes more pain than at the vulva. If, however, a bubo be opened and afterwards takes on a chancreoid form, the application of the ointment causes severe pains; more painful when the edges of the incision assume a chancreoid condition than when the wound is markedly phagedenic. Cicatrization is rapid. After the application the sore becomes cleaner and has a light whitish tint, due to the slight caustic action. At times if the application is made more frequently than twice a week, a brownish pellicle appears which afterwards forms a black crust. This occurs more especially in the phagedenic chancres and is of favorable prognosis. The falling of the crust leaves a red and granulating wound behind, which soon cicatrizes. (T. M. S.)

PHYSIOLOGICAL ACTION OF MATÉ (Ilex Paraguensis, Viburnum levigatum).—M. d'Arsonval (*Le Prog. Méd.*), in his first experiment, injected an infusion of this drug into the stomach of a dog, and found after two or three days' interval that the quantity of gas in the blood was reduced one-half—from 50 c. c. to 24 c. c. A second experiment: In this case the infusion was injected directly into the veins, and in a few moments the quantity of gas decreased from 50 c. c. to 20 c. c. It was noticed that it was impossible to extract the remnant of the disunited gas, which remained in the blood. When water alone was injected into the veins, the quantity of gas in the blood was increased. (T. M. S.)

INDICATIONS FOR THE USE OF CARLSBAD WATERS.—Dr. Theodor Kafka has sent us a brochure containing the sources, physiological action, and indications for the use of Carlsbad Waters. (Reprint tire a part de la *Revue Hom. Bèdige*.)

From numerous observations he concludes that these springs are useful in quite a variety of diseases. He has employed Carlsbad in chronic catarrh of the stomach, gastric ulcer, flatulency, chronic constipation, etc., when there is also portal stasis, or abdominal plethora. Catarrhal icterus, as well as an excessive biliary secretion, yields to it.

The water not only facilitates the passage of small biliary calculi, but also prevents their formation.

Obesity diminishes rapidly under its use.

Equally efficacious is it in urinary calculi, when they consist principally of uric acid.

Other symptoms which it is capable of removing are vertigo, congestion of the head and chest, sleepiness, and, *per contra*, the sleeplessness of hæmorrhoidal patients provided, in each case, abdominal plethora is the apparently exciting cause.

Diabetes insipidus et mellitus have been greatly helped by this water.

Albuminuria yields to it only when caused by stagnation of blood in the kidneys, depending upon abdominal plethora.

As might be inferred from such clinical experience, rheumatism, and especially gout, find a sovereign remedy in the waters of Carlsbad.

Contraindications are: Pulmonary tuberculosis, suppurations, syphilitic and carcinomatous ulcers, marasmus, and all other maladies in which vitality is low and the blood poor; aneurisms, ankylosis, etc.

It is useless in secondary syphilis, nervous maladies, as hysteria, epilepsy, paralysis; cartilaginous and fibrosarcomatous, abdominal tubercles, etc. (Compare *Allen*, Vol. III., pp. 1 to 17, and a very similar brochure by J. Kraus, M.D., consulting physician at Carlsbad.)—*Hahn. Monthly. Aug.*, 1881.

SUPRA-PUBIC OPERATION FOR LITHOTOMY.—Dr. Petersen (*Archiv. für Klin. Chir.*, Band XXV. S. 753) considers that the dangers of the high operation for stone, which consist in injury of the peritoneum and infiltration of urine, may be prevented by modern methods of operation. He has found, by observation on eleven bodies, that when Braune's method is followed by the gradual distention of the rectum, the full bladder is dragged further forward and upright, and the peritoneum thus rises considerably with its anterior fold, much more so than when this is not the case. Petersen, therefore, has recently always operated in such a manner that he not only fills the bladder to the utmost, but the rectum also, by the introduction of a rectal tube, and the gradual injection of water the same heat as the body, so as to dilate it. In his last two operations, Petersen did not even see the peritoneum; while in his earlier operations he was obliged to push it upward. He considers that the danger of infiltration of urine may be overcome by careful suture of the bladder with fine catgut, under complete antiseptic precautions.

The special indications for the high operation he sets out as follows: 1. The presence of a large hard stone. 2. Encapsulated stone. 3. Stone in diverticula, behind the prostate gland. 4. Enlargement of the prostate gland. 5. Hæmorrhoids. 6. Fat subjects. 7. Tumors of the bladder. 8. Impermeable stricture (with the assistance of posterior catheterization).—*London Med. Record*.

PROF. BILLROTH recently excised about six inches of the greater curvature of the stomach, including the pylorus, for infiltrating carcinoma. A week after the operation the patient was doing well, and was able to take coffee, tea, and other light nourishment.—*Maryland Medical Jour.*, April 1, 1881.

EFFECTS OF ATROPINE, DUBOISINE, HOMATROPINE.

—In general, from the whole number of experiments made, it is sufficiently demonstrated that, as respects the dilatation of the pupil, *Atropine*, if somewhat slower, possesses a more lasting power than *Duboisine*; that the latter dilates the pupil in a much shorter time, and momentarily acts more energetically, but loses its influence more quickly; finally, that *Homatropine* develops its influence in a briefer time than either of the other agents; but produces a lesser dilatation of the pupillary diameter, and is the first to decline in its effects.

The degree of concentration in which the *Homatropine* is employed is apparently without influence upon the duration of the effect.

The accommodation is paralyzed most rapidly by *Duboisine* and *Homatropine*; by *Duboisine* even a little more so than by *Homatropine*; with the latter, however, the normal state returns in twenty-four hours, with *Duboisine* after three to four days. Paralysis of the accommodation by *Atropine* proceeds very gradually and persists the longest.

In accordance therewith would be the practical applicability of the three agents; where it is desired to secure simply dilatation of the pupil for the purpose of examining the fundus, or to paralyze the accommodation for the certain determination of the state of refraction, *Homatropine* is decidedly to be preferred to the other two drugs.

If, on the other hand, a therapeutic effect is desired, *Homatropine* is set aside, on account of its inefficient and too restricted effect, and the application of *Atropine* and *Duboisine* can alone enter into consideration.

As regards this therapeutic application, after preceding employment of *Atropine* for some length of time in cases where it had been used with but partial success for the dilatation of the pupil in iritic conditions without and without extensive synochia, *Duboisine* was likewise employed for a protracted period.

In this way it was shown that although *Duboisine* momentarily exhibited a more intense effect, yet, as may be expected from the above described experiments, it also declined in its action more quickly than *Atropine*.

Synochia which had resisted *Atropine* could be resolved by *Duboisine* only four times in ten cases, and even then not completely.

Conjunctival and ciliary injection diminished more rapidly under the employment of *Duboisine* than under that of *Atropine*.

Duboisine, too, even in greater concentration, never caused irritation of the bulbar conjunctiva, which is sometimes the case with *Atropine*; nay, more, in cases in which an acute *Atropine* conjunctivitis had set in, the symptoms of irritation rapidly improved when *Duboisine* was employed in place of the *Atropine*.—Hermann Schäfer, in *Arch. of Ophthalmology*, June, 1881.

CICATRIZATION OF WOUNDS OF THE BRAIN.—M. Philippeaux (*Le Prog. Méd.*) in order to establish the statement put forth by Flourens, that the wounds of hemispheres rapidly unite and leave no consecutive functional trouble, removed one-half of the brain, carried to the intersection of the optic nerves, from various animals; the dog, rabbit, rat, etc. There was no immediate phenomenon other than a loss of sight in the eye on the side opposite the wound. Three months later, a lapse of time judged sufficient to permit of cicatrization, he repeated the same operation on the other hemisphere. Death followed in three days. The same experiment after a lapse of six months, produced the same result. We may deduce then, 1: wounds of the brain easily cicatrize, but the segment concerned does not recover its normal function; 2: at the time of the abolition of the functions of one hemisphere, the opposite side establishes itself as a substitute, destined to preserve the physiological integrity of the entire organ. (T. M. S.)

SIMPLE METHOD OF RESTORING CHILDREN BORN APPARENTLY DEAD.

—In a note published in 1872, in the *Comptes Rendus*, M. Gustave Le Bon showed that the life of young animals which had been asphyxiated could be restored invariably by plunging them into water heated gradually from 39 to 40c. (101 to 118 F.) Goyard reports that in the case of a primipara the child was, on account of eclampsia, necessarily delivered by means of the forceps, and it was found that the heart had ceased to beat. With the consent and aid of several physicians the child was for two hours submitted to the operations usually performed in such cases, such as frictions with a hot cloth, artificial respiration, electricity, etc. No signs of life being shown and the child being entirely cold the physicians gave it up as dead and were about to retire, when the method advocated by Le Bon occurred to Goyard. He heated as a last resort, some water to a temperature of about 112 and plunged the child into it up to its neck. To the great astonishment of all, in about thirty seconds an inspiratory movement was made, soon followed by several others, and in about five minutes the child was restored to life. Goyard attributes the remarkably rapid action of elevated temperature to the excitation of the peripheral nerves of the skin. From which there results an effect upon the bulb and reflex action follows. Whatever the theoretical cause may be, physicians should not be slow to adopt this device when all other means of resuscitation have failed.

NOVEL OBSTETRICAL MANEUVER.—I am not what you would call a scientific obstetrician, and consequently do not pay much attention to the diameters, planes, curves, and straits of the organs concerned in parturition. I watch the patient closely and feel her pulse frequently, at the same time I observe the progress of the labor by digital examination. If the head is not descending in the right position, I rectify it with one finger or the whole hand. Instruments are my abhorrence, and I have never, in more than twenty years' practice, had occasion to use them. But once I came very near it. The patient was a primipara. The labor proceeded well until the last stage was reached, and here the head, visible between the parted labia, stopped. With one middle finger in the rectum and the other under the arch of the pubis, I hooked on to the chin and occipital protuberance and pulled, but no advance was made. I was nonplussed for once. Here was a case for the short forceps. My favorite doctrines were about to be subverted. "Never despair" is my motto. The patient was exhausted and getting cross. The difficulty was that she restrained her pains through dread, and had them in her shoulders. At this juncture I placed my hands back to back, with the fingers within the vulva, and by separating them, expanded the outlet laterally. The patient shrieked, "You are killing me!" and the head popped out (I beg pardon, emerged) from under the pubis, and the trouble was soon over. The maneuver was successful.—*Mich. Med. News*, Apr. 25.

BROMIDE AMMONIUM IN CHOLERA.—Dr. E. Halsey Wood, in the *Mich. Med. News*, May 10, after sketching the phenomena of cholera, says of the *Bromide of Ammonium*: "It energizes the ganglia and restores innervation, and all the evidences of deranged function disappear under its influence. It is as specific in the mild as it is in the severe degree of gangliasthenia, and thus not only exhibits its potency but proves that the shape of disease assumed is due to different degrees of the same condition." In proof of his assertions the doctor describes a case each of diarrhoea, cholera morbus, cholera infantum, and Asiatic cholera, in which this remedy was successfully employed, and concludes with the assurance that it "is absolutely certain in its action. The administration of a dose imparts the sweet consciousness that it can be relied on to perform the assigned duty without failure in all cases."

THE PEPSIN TREATMENT OF TAPE-WORM.—A French physician has recently devised a plan for killing the tape-worm which is unique. Foregoing the usual way of harassing him with anthelmintics and cathartics, he proposes to digest him by means of *Pepsin*. It is supposed that the tape-worm is able to live in the intestine because of his power to resist the action of the gastric juice, which is well nigh spent before it reaches him; but when this is reinforced by a liberal allowance of *Pepsin* given for several days, he succumbs to its catalytic power. Thus the victim of tape-worm is to some extent indemnified for the peptones he has lost during the growth of the worm, by receiving in return peptonized tape-worm.

This treatment was tried on a child who had passed segments of a large tape-worm. The *Pepsin* was given in forty-five grain doses daily for five consecutive days. The child experienced no harm from the drug. Then a proper dose of sulphate of pepsin with castor oil was given, and the discharges showed no signs of the worm. Subsequent experiments with vegetable *Pepsin* (*Papaine*) gave promising results.

This is certainly a scientific mode of treatment, and when we consider its compensating quality, our admiration for physiological medicine is raised to the highest pitch.—*Louisville Med. News*, Apr. 25.

OBSTETRICAL EXPERIENCES.—Dr. David M. Williams, of Liverpool, in an abstract of 2,500 confinements, "chiefly among the comfortable middle classes," states that he considers the forceps a great boon, always to be used with comfort and safety, without injury to the mother, and in only one case did he find craniotomy necessary. For over twenty years he has introduced the forceps into the uterus, often saving the child by that means, when the os was very narrow but dilatable. He has only employed chloroform in the first stage to overcome rigidity; in the second stage he often administered it till complete unconsciousness was produced, believing that the perineum may thus be frequently saved from rupture, an accident which will sometimes occur after every precaution. He has cured a complete rent, involving the sphincter, without operation, by rest, local cleanliness, and the induction of temporary constipation by opium. He trusts in ergot especially as a preventive of flooding in cases where the pains are weak and the intervals long. He denies, on the evidence of distinguished travelers contrasted with the records of contemporary British practitioners, that puerperal mortality is the result of civilization. The truth is quite the other way, and by acting on increased knowledge, more lives will yet be saved.—*Brit. Med. Jour.*

ACID BURNS CURED BY MAGNESIA.—Last year two French students were much burned about the face by the explosion of a retort filled with boiling sulphuric acid. They were at once taken to a druggist, M. Alano, who covered their faces two millimeters thick with a soft paste made of calcined magnesia and water. In a few seconds fissures appeared in the magnesian mask, and a new layer was then substituted. The patients were thus tended for five hours, after which the one hurt the least was able to wash his face, which merely showed some reddish spots. The other had his magnesian mask renewed during twenty-four hours. Suffering acutely at first, the students ceased to suffer in less than a quarter of an hour. Their faces have now no traces of burns.—*Medical Call*.

PILES.—The following, in connection with my patient, may be worthy of record: For twenty-seven years he suffered martyrdom from piles. He underwent an operation without benefit, but has been at length completely relieved from all pain and discomfort by steadily persevering in glycerine, in drachm doses, twice daily.—*London Lancet*, May.

QUEBRACHO.—A frog was killed by a subcutaneous injection of the drug which produced a motor paralysis (central system), and a paralysis of the respiratory act. *Clinical.* A man suffering from emphysema had, in consequence of acne and cyanosis, a dark-bluish colored nose; one dose (quantity not given) of *Quebracho* quickly brought about a bright red color. A woman who had been suffering for a long time with a uterine disease, had, in consequence of profuse hemorrhages, become very weak. A chronic endometritis had given rise to pain through the uterine region. On account of the anemia she was taking a teaspoonful, *ter die*, of a solution containing liquor *Ferri sesquichlor*, 1.5; *Glycerin*, 100.0. This general anemic state had produced a weakened innervation of the respiratory organs. She suffered severe anguish when respiring, and had to assume almost a sitting posture in the bed. There was constant inclination to swallow when she was lying down, and from time to time a desire for a deep breath. For this condition she was given *Quebracho*, 88.0 of the extract to 100.0 *Aq. distil.*, 1-2 tablespoonfuls daily. Dryness of the mouth, similar to poisoning by *Bell.*, was the result of this medication, but, on the other hand, there was marked amelioration of the difficult breathing.—(*Hom. Rundsch.*) (T. M. S.)

AMYL NITRITE.—Dr. C. V. Chapin reports, in a recent work on "The Sympathetic Nerve," an interesting series of experiments with this agent. It having been suggested that, if sleep is dependent on cerebral anemia, *Amyl nitrite*, which promotes the circulation in the brain, should awaken sleeping persons, Dr. Chapin, with the aid of a nurse, carefully applied a few drops of the drug to the nostrils of ten or twelve patients who were sound asleep, and in every case they woke in less than one, or, at most, two minutes. This was repeated on several evenings, and on different patients, but with uniform results. Lest it might be the odor of the drug, or the irritation of the fifth nerve, or his presence near the bed, he tried, on other occasions bisulphide of carbon, and oil of peppermint, but succeeded in awakening not a third of those on whom they were employed.

WHEN DOES THE DANGER OF INFECTION IN SCARLATINA CEASE?—Mr. John Simon (*Lancet*, vol. I, 1881, page 146) says: "It is believed that the dispersion of contagious dust from the patient's skin is impeded by keeping his entire body (including limbs and head and face) constantly anointed with oil, or other grease; and some practitioners also believe this treatment to be of advantage to the patient himself. When the patient's convalescence is complete, the final disinfection of his surface should be effected by warm baths, with abundant soap, taken on three or four successive days, till no trace of roughness of the skin remains. Not until this has been done, nor without the greatest care that the clothes are clean, and free from infection, should the patient, however slight may have been the attack, be allowed to associate with persons susceptible of scarlatina."

PHENIC ACID IN TYPHOID FEVER.—M. Hanot (*Le Prog. Med.*) gave this drug in two cases of fever and saw a rapid fall of temperature of from 2-4° follow its use; the phenomenon was produced in one case on the 14th, and the other on the 16th day of the disease. A remarkable point was the fact, that at the same time with the sudden thermic fall, there appeared an eruption which rapidly assumed a pustular type. The contents of the pustules were composed almost entirely of an agglomeration of bacterides mingled with a few globules of pus. The urine, in addition to an albuminuria due to an infectious neuritis, also contained a noticeable quantity of bacteria (rods). M. Laboulbène has observed an analogous case in his service. (T. M. S.)

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE CONSULTATION PROBLEM.

A special meeting of the Lancashire and Cheshire Branch of the British Medical Association was held at Liverpool during September last to take into consideration the subject of consultations with homœopathic practitioners, bearing in mind the resolutions passed thereon by the Association in 1858 and 1861, and also the late editorial articles in the *Journal*, as well as the addresses in Medicine and Surgery delivered at the late meeting at Ryde; and to pass such resolutions as might be deemed desirable in the interests of the profession and the Association.

The following resolutions were proposed:

1. "That this meeting repeats and confirms the resolutions passed by the Association at the meetings held at Brighton in 1851, and at Oxford in 1852, and at Canterbury in 1861, in all that relates to the practice of homœopathy and the recognition of its practitioners by the members of the medical body."
2. "That this meeting considers that it is inconsistent with professional honor and honesty for practitioners of medicine or surgery to meet homœopaths in consultation, and repudiates the views expressed by the readers of addresses in medicine and surgery of the late meeting at Ryde."

The following amendment was negated by a vote of 26 to 23:

Resolution: "That in the opinion of this meeting, every member of the British Medical Association is entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise homœopathy."

Certainly, we must admit that the "old school" medical body is pretty well leavened, when twenty-three out of forty-nine members of one of its leading societies met for the special purpose of considering this subject, can feel justified in voting for such a resolution as the above!

We suspected that the papers of Dr. Bristowe and Mr. Hutchinson would meet with about the fate they have at the hands of the medical Rip Van Winkles, who, by a bare majority, yet control the dominant school of medicine. In the light of recent events we are safe in prognosticating the future!

We can imagine a rattling of the dry bones of those present when Dr. Lowndes said that all practitioners

"Were entitled to perfect freedom of thought and action, might freely use all such remedies as commended themselves, and might meet whoever could give them assistance in their art, and might avail themselves freely of all the discoveries, of whatever kind, the unknown future may bring forth; that absolute freedom of thought was the very breath of our nostrils. Also, that an association founded for scientific and social purposes degraded itself into a trades' union, or a Boycotting machine, when it hampered and harassed its members by telling them what line of practice they were not to adopt, and what kind of practitioners they were not to meet."

"The question then, to my mind, we have to consider is, not whether it is right or expedient to meet certain practitioners ourselves, but whether it is right for us to compel others not to meet them; to say to others, 'You must not and shall not meet them, and you must not and shall not meet anyone else that meets them.' 'Must' and 'shall' are words highly distasteful to the English mind.

"And what is the penalty to be exacted for meeting these tabooed gentlemen? Expulsion from this Association, the only association that bands the profession together, and one which, looked at in its scientific and social aspects, commands our high respect, and with many of us, a much warmer feeling. It is difficult now to conceive how resolutions of so arbitrary a character could ever have been passed unanimously by our meetings. If some despotic monarch had commanded us not to meet these gentlemen, or for that matter if he had commanded us to meet them (a thing not one whit more tyrannical) how we should have rebelled, or how servile we should have thought ourselves if we had submitted."

"I have a strong opinion that the relations between the profession and the public can never be quite satisfactory until every practitioner has the free use of his own independent judgment as to whom he shall meet, and whom he shall decline to meet. He can then give, if he pleases, reasons that may commend themselves to people's common sense, and not be obliged to confess that he is simply obeying the dictum of others. But, independently of the question of expediency, every man's right to this measure of freedom is surely indefeasible."

"I willingly concede to the framers of the resolutions, that seem now so archaic, the merit of the best intentions, and of a fervid zeal for the honor and dignity of a profession that happens, however, to be not altogether unable to stand without artificial buttresses."

It is not of much importance to the "new school" as a "school," whether the members of the "old" deign to consult or not! There are now in the "new" competent specialists in all departments, its general practitioners are equally as well educated as those of the "old," and so far as the practitioners of the "new school" are concerned, they can manage to get on very well without their colleagues of the "old school," and it is because of this, we suspect, that some members of the latter are anxious for consultation, for it reaches the pocket!

No very desirable and complete consultations can be expected between the members of rival schools, until the practitioners of each shall be familiar with the modes and principles of the other!

We have failed to observe any great anxiety on the parts of members of either school in the direction of consultation.

The practitioners of the "New School" as a rule are more familiar with modes other than their distinctive own, than are their opponents, although both have probably been educated together in all excepting the therapeutics of the "new."

That practitioners of the "old" are fast coming to a realization of the need of a knowledge of the "new," there is plenty of evidence in their own literature!

Dr. W. A. Hammond has recently made the astonishing discovery that *Nitro-Glycerine* (Glonoine), one part in a hundred will cause "a sensation of fullness and pain in the head (mainly in the frontal region) and a dose of three or four drops of the strength mentioned, produces headache of much greater severity and of longer duration.

"The carotid and temporal arteries pulsate with increased force; the head feels as if it is about to burst open; the face becomes red; the action of the heart augmented and the respiration becomes more frequent. These symptoms are indicative of cardiac and vascular excitement, and of cerebral hyperemia. We should therefore *a priori* expect that nitro glycerine would be useless in those cases in which it was desirable to stimulate the circulatory system and to increase the amount of the intra-cranial blood."

It will be observed that the primary effect only was noted. In regard to the therapeutic application he says:

"Du Bois Reymond is of the opinion that migraine is always the consequence of a spasmodic contraction of the blood vessels of the brain, by which their calibre is diminished. Mollendorf, on the other hand, contended that there is a relaxation of the vessels. According to the one theory, there is in migraine, cerebral anemia; to the other, cerebral congestion. But it is quite certain that neither of these views is exclusively correct, and that both are partially so. Eulenberg and Gutman held that in some cases of migraine there is cerebral anemia, due to a tetanoid condition of the muscular coat of the arteries, while in others there is cerebral hyperemia or congestion, resulting from a paralysis of the muscular coat. Berger, in his excellent monograph, expresses the same opinion, and my own experience, which has been extensive, convinces me that there is no doubt that this latter theory is the correct one. Both clinical observation and the action of remedies show us that these are the two essentially distinct forms of the disease.

"In the congestive form, the fundus of the eye of the affected side is, as Mollendorf observes, of a bright scarlet color, while that of the sound side retains its ordinary brownish-red tint. In the anemic variety the fundus is, as I have repeatedly ascertained, of a pale rose hue—a circumstance only to be explained upon the hypothesis of a diminished amount of blood in the cerebral vessels of that side. Besides this, it will almost invariably be found that if, in a doubtful case, pressure be made on the carotid artery of the side corresponding to that on which the pain in the head is felt, the pain is increased if the attack be of the anemic form; while if it be of the congestive type, the suffering is immediately mitigated."

Now it is well known to practitioners of the "new school," and has been for more than twenty years, that the pathological condition which calls for the administration of this potent agent, is the one which nearest simulates the condition found to exist in *Coup de Sol-eil*, and which is one of neuro-paralysis, and it is in such conditions as this that we have been using it these years!

We are glad to observe that one so dogged in his theories as Dr. Hammond has condescended to investigate the action of a medicine in so minute a dose, and especially when we note, also, that he insists that the only reliable preparation can be obtained from a homœopathic chemist!

If we would cure, it is evident that the drug must be used by *all*, upon the same grounds, and hence, what is the need of "schools"? When we are honest in our facts and have sufficient knowledge, all such distinction must cease, but the practitioners must learn the practices of each other, before the public can expect much benefit from consultations in general.

It is with this end in view that we welcome the observations of Ringer, and others of his kind, and on our part we must not stick too closely to theoretical notions, but look carefully for the *facts* which can have for a foundation only the *truth*!

SANITATION AND CLINICAL STUDY.

The most important departments in every well-regulated school of medicine should be those of Hygiene and Clinical Medicine. All previous work is preparatory, and leads up to that practical instruction which indelibly impresses upon the mind, by sight and touch and well-established facts, not only great principles, but their proper application to meet the various conditions which we every day see in practice, and which arise from so many and such complicated causes. It is a sad comment on the civilization of our country that nearly all of our large cities, possessing, as they do, an abundance of room, should still be so far behind the great cities of Europe in the cleanliness of the streets. There is a reckless waste and extravagance which characterize the little which is done. In most of the large towns in Europe not only is the manure gathered up in the great thoroughfares before it is ground to powder, caught up by the wind and dashed into the face of the passing traveler, and sifted into every house, but the sewage is utilized in a healthy manner and put to its legitimate use in the fertilization of the soil. It is this saving of the sewage, which in our cities is worse than wasted, which has made the suburbs about London and Paris the very gardens of the world. Washington is notorious for its malaria. The germs of disease are swept through the city as the winds catch them up from the deposits of the sewers which empty into the Potomac, and are swept by every tide onto the banks, there to decompose in the hot sun. Every wind as it sweeps over these pestiferous deposits carries the poisonous germs into the mansion of the nation's Executive, into the departments of public work, and sows them broadcast over a great city. A very small expenditure in deepening the channel of the river, and raising the low banks so that they could not be washed by every tide, would make our national capital one of the healthiest cities in the world.

The reason why all of our large cities, as well as the smaller towns, villages and farm-houses are not in

better sanitary condition is because the members of a profession whose great work should be the prevention of disease are not educated up to the correct standard. There is not a medical school in this country where sanitation is properly taught, and our clinical teaching, with which it should go hand in hand, is often given in such a rambling, objectless and desultory way that it is deprived of what should be one of its most important features, that of reasoning from cause to effect. The new school is running into the rut which has ever been the opprobrium of the old school—a failure of the proper individualization of cases, and prescribing from general principles rather than from a careful study of condition and cause and getting at the surroundings and special indications. Careful instruction in clinical study and hygiene is of far more importance in our medical schools than graded courses and many of the other modern ideas of "elevating the standard of medical education." It rounds into fullness and renders much more complete a course of medical study which, as now arranged, often throws the student into the whirl of professional life with an inadequate idea of the resources of his art, and where he often finds himself, from lack of such preparation, rapidly drifting into the rut of routine practice.

TOKAY WINE IN WASTING DISEASES,* ETC.

For some time past we have been in receipt of communications relating to highly favorable results obtained from prescribing Hungarian wines. While thoroughly agreeing with the opinions expressed by our esteemed correspondents, we have found it impossible to make room for all their letters, and therefore take this method of acquainting those of our readers who may be uninformed on the subject with what must now be regarded as the settled judgment of the profession concerning the products referred to.

Tokay wine, which ranks first among these importations, has been chiefly known as a most costly delicacy, scarcely to be met with except on the tables of princes. We indulge the hope that in this favored land it will soon be more widely renowned as a *therapeutical agent* of unsurpassed value.

It is as such an agent that its use is sought to be extended, and as members of a philanthropic profession, we consider ourselves bound to second the effort in all legitimate ways.

In saying this we are far from being influenced solely or mainly by the imposing array of names attached to the collection of autograph testimonials. We speak what we know from long personal observation and experience when we affirm that, not as mere stimulants, but as in the truest sense restorers and sustainers of enfeebled vital forces these wines will always be found of the greatest possible benefit, and in many cases are positively indispensable to successful treatment.

That this is no extravagant claim will be apparent from the following considerations:

In the first place, these wines are absolutely pure.

* The wines referred to are those furnished exclusively by Mr. L. Reich, of 13 W. 11th St., this city, and sold only through the prescription of the physician.

This is sufficiently attested by certificate of eminent authority. Among the mass of corroborative opinions, we shall only refer to those of Professor Roberts Bartholow, in one of his most elaborate text-books, Dr. J. Marion Sims, who recently experienced in his own person the life-giving efficacy of the "Tokayer Ausbruch," and Signor Rossi, the eminent tragedian who, when a frequent and favored guest of European sovereigns, was no stranger to the imperial beverage.

Secondly, they may always be relied on as of uniform quality and excellence.

The importer of the wines we refer to, is not the mere commercial medium for their disposal on this side of the Atlantic. From his life-long acquaintance with the vine-bearing districts of Hungary, his familiarity with the processes employed in the cultivation and manufacture of their products, and the exclusive control he has had the good fortune to acquire over his sources of supply, he is enabled to ensure that none but the choicest specimens of every brand he deals in shall be put upon the market here—thus sagaciously recognizing the truth of a saying now current throughout the old world that "Americans will have the best."

Moreover, none of these wines are offered for sale under the age of twelve years—a circumstance of no slight importance in determining their worth.

Finally, their pre-eminent usefulness in all debilitated states in which recovery or relief is possible, is matter of daily clinical demonstration.

Being true products of vinous fermentation, wholly free from any spirituous after-admixture, they are capable of arousing the nervous system to healthful activity, and thereby promoting normal secretion, without the smallest tendency to injurious reaction.

Their nutritive value is unquestionable, having been most conspicuously shown in the instance of Dr. Tanner's rapid recuperation after his celebrated fast. It is probably in large measure due to the organic acids contained in the parent grapes, and preserved in the manufactured products by the peculiar processes employed. These acids, it is thought, should be ranked with the carbohydrates as food, being changed into carbonic acid in the blood, and possibly converted into fat. Hence the effects of these wines are in many cases analogous to those produced at the well-known "grape-cures" of Europe.

From this point of view, the "Tokayer Ausbruch" in particular must be regarded as at once the safest and most powerful of invigorants. Being rich in the phosphates, its employment is especially indicated in disorders attended with debilitating discharges, as phthisis, chronic catarrh, cancer, etc., and during recovery from fevers and the effects of surgical operations.

In all affections of the throat and respiratory organs, and in the weakness of old age and early infancy, attributable to defective assimilation or malnutrition, this delicious cordial achieves the happiest results.

The "Budai Imperial" is a wine of great body, and possessed of powerful blood-making properties, being plentifully supplied from Nature's laboratory with the salts of iron.

Its sphere, therefore, is at once indicated in conditions characterized by a depraved state of the blood or a deficient amount of that fluid.

In short, during all the eras of human life, and in all their respective exigencies, the marvellous efficiency of the remedies we speak of is equally displayed.

By their aid we have succeeded in restoring to very aged persons their almost vanished powers of digestion, and giving repose and comfort to the remnant of their days.

An infant born feeble and emaciated, and with an inherited bronchitis, was deprived, when six months old, of its natural nutriment by the death of its mother.

It was unable to retain either cow's milk or the usual artificial foods, and seemed rapidly nearing death's door from inanition. The "Tokayer Ausbruch" was moderately and systematically administered. Very soon digestion returned, the bronchitis disappeared, strength and flesh were gained, and to-day the child, at the age of three years, remains in perfect health.

Prof. M. Jules Simon in a lecture delivered at the Hôpital des Enfants Malades in Paris, says :

"I have observed many children with capillary bronchitis, pneumonia and broncho-pneumonia, lose strength constantly, and become weaker when submitted to any form of lowering treatment. While on the other hand, when alcoholic substances were administered in large doses, the amelioration was so rapid in the great majority of cases, that the utility of this form of medication seemed to me peremptorily demonstrated."

Of the newly-born infant, he says :

"A child is born in a state of excessive debility ; it has not the strength to live ; either it has not arrived at full term, or labor has been long and difficult, so that the child comes into the world apparently dead ; by artificial respiration signs of life are evoked, but the infant remains so feeble that it is incapable of suckling, and the absence of all nutrition will soon overcome the already precarious vitality. Do not, in such a case, hesitate ; have recourse to alcoholic preparations ; * * * at the same time the child may be placed in a bath of wine. Under the influence of this treatment the child soon revives and becomes capable of suckling. Again, you will meet with cases, in children naturally feeble, who after a restless night become pale, without strength and unable to nurse. In such a case alcohol should be administered in the same manner we recommended for the newly-born infant. The medicament should be administered in small doses, frequently repeated, and much diluted, to avoid irritating the stomach. * * *

"The supreme indication is, in effect, to raise and sustain the vital forces.

"In febrile disorders, alcohol calms the ataxic symptoms, diminishes adynamia, raises the vital forces, lowers the temperature notably and retards denutrition by diminishing combustion and the exhalation of carbonic acid. * * * In a general way it may be said that alcohol is indicated in all cases where there exists adynamia or tendency to collapse ; it is thus indicated in the treatment of gangrene of the mouth or vulva, in chronic poisoning, and in all cachectic states. * * *

Finally, as might be supposed, alcohol is formally indicated in scurvy, in purpura and in spontaneous hæmorrhage, all affections indicating a very low state of vitality.

"The indications for the administration of alcohol are, however, so numerous, and so well-defined as to place this precious medicament in the high rank I have assigned to it in infantile therapeutics."

In our experience there is no vehicle by which alcohol can be so advantageously administered in either large or small doses and without fear of irritating the stomach, as in its natural combination with such elements as are found in the Tokayer Ausbruch.

BIBLIOGRAPHICAL.

HOW TO USE THE FORCEPS. With an Introductory Account of the Female Pelvis and of the Mechanism of Delivery. By Henry G. Landis, A.M., M.D. New York : E. B. Treat, 757 Broadway.

This is an exceedingly practical little work, covering over the ground with marked intelligence. The author's description of his method of applying the forceps will illustrate the practical nature of his teaching. When the forceps are applied at the inlet, the handles are seized by the right hand from above and held firmly, compressing the head as little as possible at first. The left hand is placed so that the ball of the thumb comes over the lock, while the index finger rests upon the upper arm of one blade, and the middle finger upon the other. Now, while the right hand holds the handles almost at rest, the fingers of the left *push* upon the blades so as to move them and the contained head backward and a little to the left of the medial line. Secondly, while the fingers are pushing downward in this way, we may also make use of them as a fulcrum, and by elevating the handles cause the blades to move in an opposite manner, but care must be taken that the force applied by the right hand is not enough to overbalance the downward pressure of the left ; else we will extend the head without propelling it. It is sometimes convenient to vary the left hand and fingers, but the principle is the same, that pushing and not pulling is the first step in traction. When the head begins to descend we may place three fingers between the blades, the thumb and the little finger being on the outside, and combine a pulling with a pushing motion upon the blades. But throughout the handles are simply elevated, and not pulled upon, or but slightly, having due regard to the proper direction, and bringing them into the median line only when the head has reached the inferior strait. When the head is delivered the handles will lie upon the abdomen of the mother.

TRANSACTIONS OF THE INTERNATIONAL HOMOEOPATHIC CONVENTION. Held in London, July, 1881. London : Printed by J. E. Adlard, Bartholomew Close. 1881. Pp. 600, 8vo.

This volume of valuable material comes to us from the able editorial hand of Dr. Hughes with a promptness which should put Americans to shame for their past delinquency in the matter of similar publications. We have already in our account of the Convention reviewed many of the papers herein contained, and must refer the reader to our September issue for an epitome of the doings, and as opportunity offers we shall excerpt from its pages.

The officers of the Convention certainly deserve our most heartfelt thanks for their manner of conducting the sessions, and for their report, thus promptly and intelligently rendered.

The volume can be had of the printers at the cost price of sixteen shillings, and should be found in the library of every physician of our school who attempts to keep abreast the times.

President Hughes has honored us with a printed copy of his able address delivered on the occasion of the Convention, and from which we have already quoted largely in these columns, which may also be obtained from its publisher.

A TEXT BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S., Praelector in Physiology and Fellow of Trinity College, Cambridge. Second American from the third and Revised English Edition. With extensive notes and additions, by Edward T. Reichert, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With two hundred and fifty-nine illustrations. Philadelphia: Henry C. Lea's Son & Co., 1881. Pp. 947.

The second edition of this valuable text-book embodies many changes and additions, including recent advances in experimental physiology. The American editor has added details of physiological anatomy which makes the work much more comprehensible, and supplies a deficiency which would be a great drawback to the student in this department.

The introductory treats, in a most simple and concise manner, of the very foundation of all life, namely,—protoplasm, and the mode by which it becomes transformed into the living Amœba, which is to build up the future structure of the human body. Then follows an article on the "Blood," including the tissues of movement, the vascular mechanism, the history, properties and composition of the corpuscles, together with their fate. The contractile tissues are elaborated with plates of ingenious instruments showing the experiments upon which deductions are founded, and by which the facts are demonstrated.

Our experience in the examination of students has satisfied us that the tissues and mechanisms of digestion are not made sufficiently clear by those whose duty it is to make them so. Insufficient attention is paid to the classification of foods, the mode of digestion both in respect to locality and to physical changes. It is all very proper to classify foods as nitrogenous and carbonaceous, but it is more important to teach the student where the most common articles of diet belong, as an aid to the memory.

In the work under review this important chapter is most tersely rendered, and the student who does not master it, is not a fit candidate for the medical profession.

We do not hesitate to pronounce this the best text book for the student in physiology, and also the most convenient hand-book for the busy practitioner extant.

Of course it will not take the place of the more elaborate treatises, but, for the purpose intended, it has not its superior.

TRANSACTIONS OF THE THIRTY-FOURTH SESSION OF THE AMERICAN INSTITUTE OF HOMOEOPATHY. Held at Brighton Beach, N. Y., June, 1881. Pp. 774, 8vo.

It is with great pleasure, that we note a new era in the publication of these transactions, and here we have it actually in hand within five months of the Convention!

From a cursory glance we observe that the physical part of the work is up to the standard, and Secretary Burgher is to be congratulated for his efforts, which will make every member proud of so complete a record of the doings of our national organization.

Our space allows no review of the work at present, and we shall reserve this duty for the future.

TRANSACTIONS OF THE AMERICAN HOMOEOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY. Fifth Annual Meeting. Brighton Beach, June, 1881. 8vo. pp. 80.

The papers here presented are largely clinical in character and worthy the consideration of the general practitioner. Copies may be obtained by addressing the Secretary, Dr. F. P. Lewis, Buffalo.

THE SCIENCE AND ART OF MIDWIFERY. By William Thompson Lusk, M.D., A.M., Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College. New York: D. Appleton & Co. 1882.

In the preparation of this work the design of the author has been to present a fair statement of the changes which have been made by modern investigation in the views entertained respecting the physiology and pathology of pregnancy, labor and child-bed, and to show that with advancing knowledge the art of midwifery has ceased to rest upon empirical rules, and is, already, with rare exceptions, the natural outcome of scientific principles. The doctrines taught are not simply theoretical as is often the case, but have been subjected to rigorous clinical tests either in the author's own large experience or those of good and trustworthy repute in the profession. The author has very wisely interwoven with each other, obstetrics and gynecology, as it is almost impossible to separate them, and every good accoucheur must, of necessity, be a good gynecologist. We have been particularly struck in turning over the pages of this volume, not only with its scientific character, but with the thoroughly practical manner in which each subject is discussed. The pages are filled with an abundance of that information not usually found in text books, but which the physician has been obliged to supplement through a long and tedious course of study and experience. The literary part of the work is such as we should expect from a graduate of a distinguished German literary university, and the physiology and general discussion of subjects show the accomplished teacher in both departments. The work is in advance of any of the recent English writers, and the most complete in scientific accuracy and practical information, which has emanated from the medical press. If Prof. Lusk, before he issues the second edition, which we have no doubt will soon be called for, will study, with the honest and intelligent spirit, of which he has given such abundant evidence in the volume before us, the dual action of drugs in their special indications in the treatment of disease he will round out his work with a fullness and completeness which it does not now possess, and for which every reader will give additional thanks. In our own experience we have seen more than once *Baptisia*, *Aconite*, or *Veratrum Viride*, as indicated, bring down the temperature and hold it until danger has passed, with a rapidity and certainty which we have failed to secure from massive doses of *Quinine* and liberal sponging with cold water.

SPECIAL PATHOLOGY AND DIAGNOSTICS. With Therapeutic Hints. By C. G. Raue, M.D. Second Edition, re-written and enlarged. New York: Boericke & Tafel. 1881.

The second edition of this book is so much enlarged and improved that it is in reality in a good measure new. Pathological views have changed so materially during the past few years that the author has found it necessary to re-write this portion of the work. The immense field from which he has been enabled to draw his statements renders this part of the book extremely valuable, as we have a very excellent picture of pathological conditions, so far as understood at the present day. The part devoted to therapeutics has been enlarged, facts being freely drawn from the writer's own large experience and from the rich stores of literature which have been given to the public within the past few years. The author very wisely refrains from giving prescriptions as it regards the *dose*, preferring to leave that to the judgment of the practitioner. We cordially welcome the work of Dr. Raue as not only a scientific but thoroughly practical book, and altogether the best in general therapeutics which has for many years been presented to the public.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A Hand-book for Students and Practitioners. By Henry Hartshorne, A.M., M.D. Fifth edition, thoroughly revised and improved, with one hundred and forty-four illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

We are astonished at the amount of information the author has brought together in a duodecimo volume of six hundred pages. Almost every subject within the range of practical medicine is touched with a fine hand, and the essentials, from his standpoint, brought out in bold relief. We regret, however, that in a work of this kind the author's reading and experience has not extended over a wider range, and included that scientific administration of drugs which in the hands of the new school is revolutionizing the practice of medicine. In the sixth edition, which we have no doubt will be soon required, the author will have an opportunity of remedying this defect. His practical suggestions are, many of them, excellent, and show the immense advances his school has made within the past few years, and how it is rapidly coming in harmony with the new. Thus he says: "In typhoid fever less than one-half the cases I have seen have required alcoholic stimulation in any stage, and not more than one-fourth of the cases need it before the second week, when the fever begins to decline," and then he gives it in carefully graduated doses. To those of us who can look back along the line of practice for twenty-five years the change is very apparent and very much for the better. In erysipelas he very justly discriminates between the cooling applications of lead, cold cream, etc., and those which would have a tendency to suppress, such as strong applications of nitrate of silver; recommending the former, but denouncing the latter as unsafe. The book is exceedingly useful and suggestive, and will prove a valuable addition, not only to the library of the student, but of the hard-worked physician.

LANDMARKS, MEDICAL AND SURGICAL. By Luther Holden, ex-President, Member of Council, and Member of the Court of examiners of the Royal College of Surgeons of England; Consulting Surgeon to St. Bartholomew's and the Foundling Hospitals. Assisted by James Shuter, M. A., Cambridge, F. R. C. S., Assistant Surgeon to the Royal Free Hospital; late Demonstrator of Physiology, and late Assistant Demonstrator of Anatomy, at St. Bartholomew's Hospital. From the third English edition, with additions, by Wm. W. Kean, M. D., Professor of Artistic Anatomy in the Pennsylvania Academy of the Fine Arts; formerly lecturer on Anatomy in the Philadelphia School of Anatomy, etc. Philadelphia: Henry C. Lea's Son & Co. 1881. Pp. 148: 12 mo.

The object of this little book is to teach students the habit of making the eye and the hand work together, and to educate the touch upon the normal living body.

This admirable mode of teaching anatomy is rapidly growing in favor and is certainly the most practical method by which the subject can be best utilized at the bedside. This plan will add interest to the "dry bones" of the skeleton, and make the study upon the cadaver all the more enticing.

The busy practitioner will find it a most useful hand-book.

PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS. By George Henry Fox, A.M., M.D. Forty-eight plates from life, colored by hand. Complete in twelve numbers.

Part ten of this interesting series contains five cases of Syphiloderma; part eleven contains three cases of Syphilis Henchitavia and four cases of Dactylitis Syphilitica; part twelve, which closes the series, Syphiloderma, Chancre, Chancroid, Peridanetis, Condylomata

Lata. We have had occasion before to speak of the life-like character of most of the engravings and the excellence of the explanatory text. We have only to repeat here our general commendation.

JOEL A. MINOR, Ann Arbor, Mich., publishes a very convenient physicians' memorandum book, also combined day book and ledger and condensed account book.

CORRESPONDENCE.

ON THE PRESENT STATE OF HOMŒOPATHY IN AMERICA.

II

THE COLLEGES.

"Whose honesty they all durst swear for,
Though not a man of them knew wherefore."

—HUDIBRAS, Canto I.

American homœopathy is prolific in "Professors." The yield to the acre has seldom been equalled, and never excelled. This profuseness has somewhat lowered the value of the article for home consumption, and as it is a rather watery product—like all green things which grow too quickly—it will not bear exportation; in fact, I have yet to learn that it has ever been in foreign demand. Nevertheless, this very multiplicity had to be provided for, and where on earth can you put a "Professor" save in a College? Cattle are stabled and "Professors" colled in accordance with the "eternal fitness." We have in America nine Homœopathic and two hermaphrodite Colleges. At one week's notice, we can furnish full-fledged "faculties," in working order, for nine hundred and ninety-nine colleges, and the American eagle is a happy bird! Surely, the land where titles are indigenous must bask in the smile of a fond Providence.

When I first entered a medical college—O rueful day!—and with revering eyes first saw a live "Professor," I surely thought I had learned "the chief end of man." What could it be other than to be a "Professor?"

"And still I gazed, and still the wonder grew
That one small head could carry all he knew."

But a sad shock was in store for me. I was one day walking along a street—was it Eighth Street, O dear companions of the past?—when I met this sign:

"CARPETS CLEANED
AND

WHITEWASHING DONE

BY PROFESSOR SINGLETON."

In color he was a negro; in intellect a Yankee and—a "Professor." I felt like the little girl when she found that her doll was stuffed with sawdust; but how did I feel when I found, as find I did, that many of my Professional puppets lacked even an honest sawdust stuffing—were, in fact, only blown into shape!

O Hempel, and Reed, and Moore, what would I have done only for you and that which was verily in you neither of sawdust nor of wind! You live in my notebooks, in my heart, in my work, which for your sakes should be better than it is—but I was a wayward boy, you know.

A chain of unusual student-experiences showed me the inside workings of an American Homœopathic College, and later experience has taught me that college protoplasm never differentiates; a pseudopod from a Pretense produces only a Pretense, for what is so inexorable as a law of Nature!

In those young days I found "Professors" who labored harder to conceal their ignorance than would have been necessary to correct it. In my father's family they called a spade, a *spade*, and I had learned the habit. In

that very College I called a spade a *spade*, and alas, when it came to the matter of graduating, I found that "spades" were trumps. My hand held only "hearts," and I was "euchred." I carried into that College a detestation of all Shams: I brought away from it a hatred of them which will burn in my ashes. In this matter of Colleges my apprenticeship was wholesome, and my professional life has borne sounder fruit on account of it, and some of the ripest of that fruit—for I have entered upon the Autumn days of my own life—I shall now give, be its worth whatever it may.

Our Colleges are like a Mystery Play: their is something of God in them, but the larger rôle is given to Beelzebub. Moreover, their morality is lax; as if something in the doctrine of the similars had unstrung the sinews of integrity. The escutcheon of even our first College is not stainless—one of its degrees having been ante-dated to give it legal validity, the said degree being in reality a posthumous product. Perhaps each of its successors has also its "skeleton" which is not used for class demonstration. Can I ever forget a brawling bully, himself the representative of a College, who stood up before the Inter-collegiate Committee and said: "Gentlemen, there's no use of your talking; I've got the 'dead wood' on all of you!" And this, too, when some recent College "crookedness" was the subject of discussion. Conscious guilt paralyzing the right arm of Justice with an impudent *Tu quoque!* It is, indeed, difficult to convict when every jurymen is under a suspended sentence.

Whenever a new College arises there this deadly Upas strikes its root and thrives. I have before me now an affidavit from one of the most recent graduates of our almost youngest College showing that neither he nor his class were subjected to any final examinations in Physiology or Chemistry; and yet a trinity of "Professors" assented to the issuing of the degrees. This is the hard fact, not to be gainsayed, not to be explained away, and, thanks to a 'packed jury,' not to be punished. Diploma selling is one existing curse of the American Homœopathic College. That none are guiltless I cannot affirm: I only know that I heard an old "Professor" say—"I've got the 'dead wood' on all of you!" On that occasion, but one man among them all arose to contradict him; and he did so with his feet on the eternal truth.

Where the diploma of a medical college has only a trade value, the qualifications of its faculty are apt to take rank in the same category. Of course, there are able men in the college faculties; for, alas, competency is like cork—it will float one hundred times its own weight of incompetency. If one protests against this not allowing the inevitably-sinkable to sink, he is met with the remonstrance—"What's the use? It is the same everywhere!" If, on the other hand, your protestor shall deem Right the only "policy," and push his word into a deed, shall sue out writs of ejectment, and see to it that they are *duly served*, what then? Why, Incompetency sounds the tocsin, and the whole fraternity hie them to the rescue. Up goes the banner for a "Holy War," and at once reinforcements pour in: diploma-sellers, diploma-buyers, and camp-followers of easy virtue. One way to vanquish him who will foolishly and without cost insist that only Right is Right, is to surround him with such an army and let it bury him in its own rapidly-accumulating filth. Most un-heroic of deaths, and by Modern Civilization ironically termed "being decently interred!"

"Death," did you say? O foolishness of mistakes! When, oh, when, did ever a living seed die in a Dug-hill? If buried very deep it may, indeed, slumber there even for an age, and the fact of its burial may be forgotten of men; but a dunghill has its uses, and it is some day scattered about, and then Heaven's own sunlight shall thrill that buried seed into life, and it shall bring forth fruit after its kind to bless the earth.

After death the resurrection, and O Incompetency

where be thy banners then, and where thy "Victory?" Oh, that men and Colleges could only learn the immortality of the simple truth, which

"When the whole world turns to coal
Then chiefly lives!"

Incompetency is also an existing curse of the American Homœopathic College.

A direct result of incompetence is inadequate teaching; and in American Homœopathic Colleges this inadequacy has been the most glaringly evinced in the teaching of Anatomy, Physiology, and Chemistry. To be sure, we have known "Practice" to be made a fiction, and "Surgery" a farce, but, as a rule, it is the basic branches that have been slighted. I have known a College, which is decidedly noisy in its annual announcements, to go through its "course," with only three "subjects"—one for the Surgeon, one for the chair of Anatomy, and one for class dissection. I have also known Anatomy teachers—a Helmuth, a Moore, and a Carmichael—whom to know is to honor. But as a rule this most important study has not been, and is not, uniformly enforced as it should be; and if a Homœopathic student desires to "cut" Anatomy his task is by no means one of the labors of Hercules. This is especially true of inland homœopathic colleges.

Physiology was taught *con amore*, and by a ripe scholar, when I was a student; but since then it has never been my good fortune to meet with a *bona fide* homœopathic Professor of Physiology. Things with such a label on I have often stumbled over—as who has not? Physiology is the very touchstone of all pathology, and this may account for the homœopathic indifference to it.

Chemistry has fared no better; and, being the most expensive Chair if suitable apparatus is supplied, it has hitherto most largely done its work in the most hydrated of didactic teaching; and yet it is fast becoming the chief hand maiden of absolute Diagnosis. How far a Wheeler and a Mitchel are being reinforced by indispensable funds I know not; but in them I find possibilities which their respective faculties will do well to foster.

Now it will be urged that our graduate-lists contain shining examples of good anatomists, ripe physiologists, and practical chemists. I know it, and I am glad to know it; but these are, after all, examples of the "s. s." and the "clone shepe," for, alas, such Shepherds are!

Be it at once admitted that our temptations to laxity in these particular studies are actually inherent in much of Hahnemann's teaching. He entertained a just contempt for the "Science" of his day, but in ignoring it he kicked aside the very ladder by which he had risen into eminence. He overlooked the prime secret of his own strength—his multifarious knowledge, and in his victories he ignored his adjutants. He taught that we may know disease only by its symptoms, and his dictum spawned "symptom-coverers" who have essayed to take the places of the "Old Guard." We often hear it said to-day that modern homœopaths do not realize such "cure-work" as did the pioneers. Why is this? We have the same materia medica in even more available shape, and, happily, with many a tare which vexed them uprooted for us, and yet we fall behind them in actual puissance! We are as ambitious as they; as industrious; we have even the stimulus of their example, and yet we are obliged to acknowledge—"there were giants in those days!"

Is their ability anything other than this—that they crowned the fullness of medical knowledge with the divine secret of the *similars*?

Quite recently two "Professors" shook their learned heads over a case of "surgical disease" which had come to them, and which they refused to touch until the absent surgeon of the faculty should return. And, lo, it was an instance of *posterior spinal sclerosis* well nigh

its end! These be your Teachers, O American Homœopathic Colleges! And one of them has "taught" for a quarter of a century. Inexorable History demands that I shall write them down as "Internationals." O Homœopathy, *ecce signum!*

With such a falling-off how can we look for giants from our loins?

But even these American Homœopathic Colleges have a pathetic aspect, for the poor child of even a syphilitic parent evokes our pity. These Colleges inherit a diathesis as relentless in its penalty as the curse of the Erinyes. Conceived in sin and born in iniquity, how can they work righteousness?

Oh, let us not forget the honest competency which has worked, and is working, in them just as a food-bearing plant can and does grow among noxious weeds. These do "work righteousness," and it is for them that Sodom is spared.

Can we aggregate these, our "elect," in one, or at the most, two faculties? Can we have a veritable College of Worthies; a college wherein the Professors make the chairs, and not the chair the Professor? Deliver us from these chair-made "Professors," from things woodener than the chairs themselves!

Our homœopathic pupils this year will aggregate nearly one thousand, and at fair rates this number would furnish a reliable and satisfactory working-fund for two colleges. Professorial services need not then be gratuitous—for the laborer is worthy of his hire—and all the apparatus for thorough teaching-work could be afforded. As matters now are we are trying to conduct "Colleges" on a patronage which is even thinner than Squeer's skim milk, and even this pitiful patronage has to be pandered-for by College officials with tricks and devices that would disgrace a trade mart. Instead of being sought they seek, and it is the College instead of the student who is under obligations. Some of these "Colleges" even assure graduation to insure attendance.

But, in the event of only two Colleges, what *will* become of our wooden battalion? Why, make every mother's son of them an "Emeritus," and let them incontinently organize a Mutual-Admiration Society and talk one another to death. Then preserve the bodies as specimens of an extinct species.

Our best hope for homœopathic colleges in America is in death and the dry rot. Both of these divine agencies are the allies of the truth always, and both are invincible, coming as they do in the course of nature. From our young doctors will come "faculties" in name and in deed. Many of these growing ones now give radiant promises; many of these now

"Spurn delights and live laborious days;"

many of them are steadily developing the "thews of Anakim" for the work which can be, must be, will be theirs. Only for now and then an article in a journal from such an one, who is nourishing a mighty heart in a beneficent obscurity, I should despair for the future of Homœopathy in America.

Keep heart, O lonely one, for never yet did the God-appointed miscarry of his world-work; stick to the best books; accumulate them with heroic abnegation of self—they shall round out into majestic proportions the education that was marred in the beginning. Graduation only put a diploma in your keeping; post-graduate study will enable you to look it in the face without a blush, will enable you to leave it to your children as their patent of nobility, will enable all men to "Know by these Presents" that you are a PHYSICIAN. Meanwhile, keep God's truth in you and it will keep you!

Is there in all this great Vanity Fair so pitiful a sight as a Sham? The poor thing struts bedecked with titles that a zephyr's breath can blow away, and wearing honors that will wither upon its grave. Oh, what a fate! to walk from eternity to eternity a self-conscious, self-

convicted, self-condemned Sham! It may, indeed, have long time deceived the shallow with.

"Words of learned length and thundering sound," but never for an instant, not even in its dreams, has it been able to deceive itself. And, worse than all, that even such should be a curse to a struggling minority!

But all this gives me indomitable courage, for if Homœopathy were not a staunch ship freighted with a truth which the Omnipotent will not let perish, she never could have carried the barnacles that fatten on her hull.

S. A. JONES.

ANN ARBOR, Oct. 27th.

AN "INTERNATIONAL'S" ARGUMENT.

In an editorial in the Nov. No. of the *Advance*, the dean of the Homœopathic College in Michigan University attempts to define the difference of the two factions in our party. The learned editor, in explanation of the fact that homœopaths are supposed to be "giving up the doctrine and practice of the homœopathic school" so as to enable the two great schools to "drift together," says:

"First, there has come into the homœopathic school a large class of persons who, first of all, never yet accepted the teachings of its founder Samuel Hahnemann. They claim to be homœopaths, but not Hahnemannian homœopaths; they call themselves rational homœopaths, or modern homœopaths. In doctrine and practice they stand upon the middle ground between the early homœopath and his allopathic contemporaries. Of late, so many of these are to be found in the homœopathic school that they sensibly color the homœopathic medicines. They modify our literature and hold a moulding hand over our colleges. None of these men belong to the original stock; they want above everything else, recognition at the hands of the allopathic school; they seek to deserve it; they *openly* reject what the early homœopath and what the founder of homœopathy held to be vital. On some few points they agree with the Hahnemannian homœopath, and on many points they are in accord with the modern allopathic school."

The dean here displays his proverbial looseness of statement. The large class of homœopaths to whom he refers, do *not* call themselves "rational," nor yet "modern." These two attributes are so obviously self-evident, that to found a name upon them, would be a work of supererogation. There can be no question of the modernness and rationalness of this "large class." But the editor of the *Advance* uses his largest trope when he says that this "large class have come *into* the homœopathic school of late years." This is apparent when we reflect that of the six thousand homœopaths of America, five thousand nine hundred are members of this large class. That they are able to "modify" our literature slightly is probable upon the mere fact that of the eighteen homœopathic journals in our country, *two* only represent the literature of the so-called "early homœopath." That they "hold a moulding hand over our colleges," will, within a brief period of time, be even more apparent to the editor of the *Advance* than now. For without doubt the time is at hand when the International doctrines cannot be taught in a homœopathic college.

The charge which the dean makes against modern homœopaths, that "they openly reject what Hahnemann held to be vital," would make solid grounds for an action for slander. Hahnemann nowhere taught more than *one* vital principle. *Similia Similibus Curantur* was with him the beginning and end of the law. He who used this law as his rule in prescribing, was and is a homœopath after Hahnemann's own heart. The single drug and the small dose were practical deductions from the application of the law. That they were not laws nor yet vital, Hahnemann—that earliest of homœopaths has shown us in his numerous cures with large doses of crude drugs.

But there was a limit set to the *smallness* of the dose—and set by Hahnemann after one of those “early” homœopaths had published his discovery of “impregnation with the medicinal spirit,” and which he claimed was illimitable in its possibilities. Speaking of Korsakoff’s fanciful experiments, he says on p. 764, *Lesser Writings*: “But for the homœopathic treatment of patients it is advisable, in preparing all kinds of medicines, not to go higher than the decillionth attenuation and dynamization (x) in order that homœopathic physicians may be able to assure themselves of uniform results in practice.”

There is nowhere evidence that Hahnemann made, used, or advised dilutions above the “decillionth” or *twelfth* centesimal. That his decillionth potency—his “x” was no “higher” than the twelfth centesimal is the inevitable conclusion from a simple numeration and notation of the figures involved. Some “early” homœopaths have taken it upon themselves to explain that when Hahnemann wrote “decillionth” he didn’t mean it at all, but meant three decillions, and have presumably altered the text of the *Organon* so as to conform to this explanation.

But granting for argument that Hahnemann did endorse the 30th, did he not say that dilution must not go beyond that point? Can Dr. Wilson, with any show of honesty, argue that those who use habitually the first and third triturations after the manner of Hahnemann’s specimen cures, “reject vital points,” while those of his guild who use dilutions beyond the boundary expressly set by Hahnemann are of the “original stock,” and Hahnemannian Homœopaths! It would seem that to be a Hahnemannian Homœopath one must disregard Hahnemann’s injunctions and follow Korsakoff, Hering, Lippe, and the small train of fanatics who are striving for mere notoriety in the field of “dynamization.”

After making the sweeping charge that “the large class have openly rejected what Hahnemann held to be vital,” the consistent editor makes this remarkable statement: “We may differ among ourselves upon *minor points*, but not upon any doctrine or practice which science and common sense show are essential to our existence” (as a school.)

At first blush it would appear that Dr. Wilson had retracted his calumnious words in which he described the “large class” aforementioned. But it is not unlikely, that filled with the insufferable egotism of the true “International,” he apes the exclusivism of the dominant school in reference only to the Internationals when speaking of the “true homœopath.” Let this be as it may, the fact remains that “Internationalism” in Homœopathy is being daily weighed in the balance of actual practice and is found wanting. Out of a just regard for its reputation, homœopathy must purge her institutions of learning of Internationalism. The modern allopathic doctor is no “longer the bloody butcher” whom the “early homœopaths” found it child’s-play to defeat in competitive practice. His methods are yet capable of improvement by the difference between cautious conservative empiricism and the law of Similars. But with his “expectant” and “restorative medicine” ideas tinged with such homœopathy as Ringer and Bartholow have injected into his therapeutics, he is in this day no mean contestant for the crown of Hygieia, even when opposed by the low-dilution homœopath. That the “dynamizationist”—the man of the “c.c.” and the “m.m.”—must fall before him, is as inevitable as fate. That the “early” homœopath, the “International,” is swiftly going to the wall, is demonstrated when we compare the relative increase of the two parties. At the first quarter of this century 100 per centum were “Highs.” At this date only one and a half per centum are of the “original stock.” This small moiety infect our colleges. They do not teach homœopathic therapeutics. Hence there is a growing demand that they be retired and Low Dilution homœopaths be put in their places.

H. W. TAYLOR.

TERRE HAUTE, IND.

DR. JONES’ ERRATA.

MESSRS. EDITORS: I turn to you with an affection which I cannot put into words. You are to me as the sun to the moon, for by you I am enabled to glimmer in the pages of THE MEDICAL TIMES; and won’t you allow me to do the “glimmer” in my own way? Of course, you will; dear, good souls as you are!

And now let me turn to your proof-reader—*he* is a gentleman and a scholar. *He* knows what I ought to say, and I wouldn’t question his taste for a moment—not I! But, he has put me into a perilous position; he has made me disrespectful to the Devil! I can’t allow this—indeed, I can’t. I have, during the past five years, suffered somewhat from the Devil’s vicegerents, and at *them* have struck back; but to Beelzebub *major* I have ever been civility itself.

I want a friend “at court,” and I really cannot allow even your scholarly proof-reader to jeopardize my future prospects.

Now, in my first paper, *On the Present State of Homœopathy in America* I wrote: “The vote is your only equalizer; to it god and devil alike count one, and the only trouble is that your devil is the surer f-o-a-l-getter.”

This is historically correct, and it is also complimentary. But your proof-reader having no fear of the Devil puts it “f-o-o-l-getter.” The devil of a difference, and one for which I will not remain responsible.

The next instance is of less importance to me prospectively, and yet we may as well get it right.

Well, your proof-reader makes me say of a poor student:

“He was conscious of his ignorance—surely. Heaven was kind to him!”

I wrote:

“He was conscious of his ignorance. Surely, Heaven was kind to him!”

And, most surely, only the favor of Heaven makes any one conscious of his own ignorance.

I know that my chirography is choreic, and yet my dear old writing-master is not wholly to blame. He used to “go for” me with a will, but he was not a phrenologist, and he thought my organ of “Form” was in the “place where Honor’s lodged,” as Butler says. It was a *stern* misadventure, and to-day I am paying the penalty in misprints. Sincerely yours,

S. A. JONES.

ANN ARBOR, MICH., Nov. 7, 1881.

SOCIETY REPORTS.

THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY CO., PENN.

DISCUSSIONS ON THE DISEASES OF THE MONTH FOR SEPT. AND OCT.

Dr. W. J. Martin: I would like to report the recovery of the patient in a case of hydrocephalus. This condition is generally put down as fatal. Ellis gives the treatment as consisting of mercurial inunctions, bandaging of the head, puncture of the membranes, but nevertheless a very unfavorable prognosis. Reynolds gives very nearly the same treatment and prognosis, together with unfavorable results of tapping. The onset of the case in question was peculiar, so that in the beginning the diagnosis was doubtful. On Sept. 14th, the child was brought to the office for treatment. Its head was hot, hands and feet cold, sleepless and restless at night. As the child was about eight months old I thought of a possible irritation from teething and gave *Bellad.* In the evening of the same day a rash appeared which resembled in some degree the rash of measles, but was unaccompanied by any other symptom characteristic of this disease. So that I felt justified in saying that it was not measles, nor was it any one of the

other exanthemata, if symptoms alone were to be the guide. The rash disappeared on the following day, and I found the anterior fontanelle raised, the head hot, temperature about 102° , profuse urination, bowels loose. For this state I gave *Apis*. From 15th to the 25th of the month, the temperature varied; sometimes reaching 104° and then falling to a normal point on the same day. The urine continued profuse and the bowels relaxed. There were several convulsions during this time; while the head was increasing in size, the cranial bones separating, and the membranes tense. The convulsions subsided very nicely under *Oculta*, which was given on account of the staring expression preceding the spasms. *Apoc.*, *Ouprum* and *Apis* had also been given during this period. On the 25th, the condition was about the same as for the previous week or ten days. The prognosis seemed to be unfavorable, and the advisability of tapping was considered. At this time I determined to prescribe on pathological grounds alone, and gave *Helleb.* 30, not from the presence of any symptoms calling for this drug, but on account of the effusion into the cerebral cavity. This medicine was taken until the 8th of the present month (Oct.), when the child was discharged apparently well. It now takes an occasional dose of *Calc. Carb.*, to facilitate the development of bone material. This case shows that we may obtain results by prescribing simply for the condition which we know to exist. In the case mentioned there was no rolling of the head, and the effusion, I think, was all external and not in the ventricles.

Dr. Caruthers: I have a case under partial treatment, in which the onset was peculiar, at least in my experience. The child is now about five months old. I noticed immediately after birth, the presence of twitching symptoms. These continued, together with the occasional appearance of slight spasmodic symptoms. The child continued to grow worse and finally had genuine spasms. The peculiarity in the case, to my mind, was the normal size of the anterior fontanelle, the depression, and the absence of all signs of pulsation even when the child cried. *Helleb.*, *Apis.*, *Oculta* were given at different times. On July 4th, the child was taken to the country and was given *Calc. Carb.*, three or four times a day. At the present time the head is distended, the fontanelle full, and all the signs of hydrocephalus are present.

Dr. J. H. McClelland: In regard to tapping in cases of hydrocephalus, I would say that I have tried it in three cases, but with only partial relief; the children finally dying in consequence of the advance of the disease. The distention of the head in all these cases was enormous. With *Helleb.* and *Calc. phos.*, I have cured several cases of hydrocephalus. I think *Helleb.* is one of the best remedies which we have for this disease. I have given *Calc. phos.*, in sub-acute forms and have seen marked effects from its use, especially in cases where the cranial bones were widely distended and the effusion could be plainly seen. The remedy brings about bony deposit, or at any rate, absorption of the water. The prescription of Dr. Martin's shows another thing, that it is not necessary to give drugs in crude form, even when prescribing on pathological grounds. If your drug is well chosen upon any basis, the preparation need not be questioned. In connection with *Helleb.* I would relate the case of a little girl, nine years of age, who came in from the yard where she had been quietly playing, and complained of headache and pain back of the left eye. The mother put her to bed and noticed that there was some fever, and the head was hot. On the next morning I found the face drawn to the left side. The paralysis has continued to some extent, but there is no fever. Thinking there might possibly be some effusion I gave the above remedy. [Continued improvement followed the use of this remedy.]

I would refer to a case of strangulated femoral hernia upon which I operated yesterday (Oct. 18th). The

patient was a lady 70 years of age. The strangulation occurred, or at least the pain and vomiting, a week ago yesterday. She had been given medicine to stop the vomiting and bring on action of the bowels. This was continued until she vomited bilious and even fecal matter. The strangulation had been of so long standing that I hesitated to operate, but finally attempted it, and gave relief up to this time. There was an amount of omental tissue of the size of my fist included in the strangulation, and only a small knuckle of intestine. The bowel was blackened and congested, but could not detect any gangrenous condition. The strangulation was probably not complete, but sufficient to prevent the passage of fecal matters. The extreme age and length of time which elapsed between the onset of the vomiting and the operation makes it an interesting case. [The patient died two weeks later. The wound was as nearly healed as it could be in that length of time, and the operation had relieved all the acute and dangerous symptoms. The patient, however, never fairly rallied and died from failure in the action of the vital forces].

Dr. Ferson: In one case of the hydrocephalus I gave *Cina*. There were several spasms during each twenty-four hours, which would come without warning; the child would stiffen, remain rigid for some time, having a peculiar clucking sound in the throat; there was also a troublesome picking at the nose. It did not get any better, however, and so *Helleb.* was given on very much the same ground as already mentioned. The child seemed to improve on this remedy, but the case being a dispensary one, I have not been able to watch it closely.

I have had several cases of typhoid fever where the morning temperature was higher by a degree than the evening one; the other symptoms are not unusual.

Dr. Childs: I would call attention to a case now in the hospital, the result of a violent contact with a locomotive. There was a comminuted fracture of the skull, the inner table being depressed upon the brain on the left side of the head at the junction of the frontal and parietal bones. There was also a comminuted fracture of the left leg below the knee. He was in a partial stage of collapse when he entered the hospital; the pulse was 50, the temperature was not taken. A large number of pieces of bone were removed, leaving an irregular triangular space nearly three inches in circumference. He rallied well, and to-day the pulse was 72, and the temperature normal. He eats well, has very little thirst, but there is some backache. The mind has been clear all the time. He complained some of cramps in the stomach during last night and again to-day, for which he received *Camphor*. *Arnica* has been the principal remedy given, together with a couple of doses of *Morphia* to quiet him. [At a latter date the leg was amputated in the upper third, and the patient has been convalescing without the slightest drawback.]

Dr. Z. F. Miller: I was called about two weeks ago to see a woman, who was complaining of a very profuse vaginal discharge, which was of a yellowish color and tough consistency (probably received from her husband who had gonorrhoea). There was considerable cellulitis and the womb seemed to be firmly fixed in position. The temperature was 100° , and there was loss of appetite, pain over the lower portion of the abdomen, with tenderness in the cul-de-sac. She has a baby six months old; when it was two months old she menstruated in a regular manner, but not since then. The urine looks like black coffee; in a previous pregnancy the urine was of the same color. There is some sickness at the stomach, and an afternoon (to-day), temperature of $102^{\circ} 5$. The tongue has the same appearance as in remittent fever. I do not know whether the woman is pregnant or not, and if she is, ought not the warm water injections, which I have been using for the discharges, to be discontinued? The soreness in the

cul-de-sac is worse, and the temperature higher, I think, than when first seen. The injections used are not medicated. The bowels move every two or three days without pain, unless the fecal matter accumulates in the lower portion of the bowels, or she sits up or moves around. There is some slight difficulty in passing water. The fever is certainly of a remittent character. I do not know whether gonorrhoea or cellulitis ever has this fluctuating fever. She has had two rigors, a very slight one yesterday, the other occurring in the night, previous to that time, and rather severe, lasting half an hour. The vaginal parts are hot. I suspect pregnancy to be present from the fact of the menses having appeared and ceased, the enlargement of the womb, or it may be possibly an infiltration of the cellular-tissue around it, and the abdomen being hard and tense. She is now on *Bryonia*; *Terebinth* and *Hydras* have been also given. Under the treatment of another physician she took cold medicated injections and they may have set up the cellulitis. [A later report states that the febrile condition has subsided, but the infiltration is still marked. No further signs of pregnancy have as yet appeared].

Dr. Chapman: I had a case somewhat similar, which was, however, finally cured. I was told later that the trouble had been produced by using a knitting needle to bring on the menses which had stopped.

Dr. McClelland: I think cellulitis is present in the case reported by Dr. Miller, but I am in doubt about the pregnancy. I would continue, however, the hot water injections, letting them flow in a steady stream. I have used *Apis.*, *Bellad.*, and *Merc. Iod.*, in somewhat similar cases. I usually give *Apis.*, when the kidney secretions are somewhat as described, together with the swelling of the abdomen and the pains peculiar to *Apis.* In regard to the danger of *Apis.* to a pregnant woman I do not believe that it exists, at least, I have never seen it. In some cases where the pelvis seems filled with plastic exudation, with local heat, afternoon fever, etc., I give *Bellad.*, and very often find it advantageous to give, in connection with it, a dose, two or three times a day, of *Merc. Iod.* Under this treatment I have witnessed very prompt results, even in cases where the uterus seemed bound down into the cul-de-sac, impacted as it were in this plastic material; the entire infiltration would disappear. I have also seen abscesses form and discharge, and I have, on the other hand, seen them result in death.

Dr. Miller: I have another case in which my diagnosis is doubtful. An old lady 72 years of age, has had for the last three or four years a mucus, bloody discharges from the bowels, and about once a week a natural fecal discharge. There is chilliness in the afternoon, beginning in the feet and extending into the hips. With this coldness appears a tormina and she has to rise several times in the night unless quieted by morphine. *Ham.*, *Cd.*, *Sulph.*, and other remedies have been given. On one or two occasions she had diarrhoea with a cold, clammy sweat, which *Ver. alb.* relieved. The uterus is extremely tender along the posterior wall. The utero-rectal wall seemed to be smooth on the first examination; but at the last one it seemed filled up with millet-like granulations. *Morphia* in 1-16 grain doses certainly relieves for a time. The afternoon chilliness anticipates. The appetite is poor, and there is some *Dysuria*, but the quantity is normal. The only pains are occasional colic-like ones in the lower portion of the abdomen. The bloody mucous discharge comes, I think, from the muciparous glands in the lower portion of the rectum. I have given hot water and slippery elm injections *ad libitum*, but they produced such intense pains that she cannot continue them. At first I persisted in their use, adding *Laudanum*, but the result was the same, nor did it control the tormina. [One month later no change, the *Morphia* still a necessity].

Dr. McClelland: I think that a cancerous cachexia

is probably present in this case. The injections have probably been thrown in jets with an ordinary syringe. I would advise the use of a steady flowing stream.

Dr. Childs: About a year ago a man was brought to me for examination and advice. The case was pronounced cancer of the rectum by the late Jas. King, M. D., and an unfavorable prognosis was given, together with the statement that he might not live six months. I differed in my opinion of the case from the fact that he had no other symptoms except a wart-like growth, and occasionally he would have regular fecal discharges. He would have from eight to ten times in a day a bloody mucous discharge, like broken down clotted blood coming out like dry mud, or like crumbled red clay and mucus. *Hydras*, injections were used with benefit. *Ara. iod.*, *Hydras.*, and *Arsen.*, were given internally and later *Thuja*, together with a wash of the same. I saw the patient some three or four months ago and he was still improving. No enlargement can be detected on the inner surface of the rectum.

Dr. Edmundson: I have had cases of small-pox under treatment for nearly four months, having had about forty cases. Some of the cases were mild others were severe. While more successful than some practising around me, yet I am not satisfied with the results. Most of the cases have occurred among unvaccinated persons, or those who have not been vaccinated since childhood. One little boy who had been apparently successfully vaccinated last spring, had the disease in a very severe form. In nearly all the cases I noticed that when the urine was free, and where the onset commenced with profuse perspiration, or where I could keep the body moist, and even when the body was covered with pustules, if the skin was moist between them, the cases all did well. If there was considerable whitening around the mouth, eyes suffused, urine secreted only once or twice in twenty-four hours, skin dry and hot, rash slow in coming out, I found that when the rash did appear it was very profuse and confluent. The principal remedies have been *Acon.*, *Bell.* and *Rhus.* I have also used a patent remedy, viz., *Digitalis*, 1 gr., *Zinc sulphur*, 1 gr., in four ounces of water, with a teaspoonful of *Soc. lac.* I have had three cases on this treatment, one beginning apparently as a severe case. I had already lost one boy in the family. I put the patient on this treatment just as the fine eruption appeared on the skin; within four days the eruption began to dry, and inside of nine days the skin was clear. The desquamation was in patches or masses, over all parts of the body. I have also noticed in children especially under five years of age, that the disease was ushered in with spasms in nine out of ten cases. The spasmodic condition corresponds to *Cicuta*. One little girl who was given up by the physician in attendance on account of the severity of the convulsions, received *Cicuta*. She had no more spasms, and next morning a profuse rash appeared. I have lost one child under five years of age, and have had some eleven or twelve cases. The cases ushered in by spasms were not necessarily more severe than those commencing without them; the spasms gave no clue to the severity of the attack. One case, 65 years of age, was taken sick four weeks ago, the eruption coming out nicely all over the body. When desquamation set in, it suddenly ceased, and he did not shed anything till last week; several pimples appeared on the body at that time, and he is now covered with boils. He has a good appetite, passes water freely, bowels move every third day, sleeps well. *Hep. s.*, *Sulph.*, and other remedies have been given, but they do not remove the boils.

Dr. Ferson: I would like to relate the case of a man 37 years old. He was in his usual good health till three weeks ago. At that time he was working nearly all day in a sewer, and later assisted in loading a wagon; the work required heavy lifting, but he was not conscious of overstraining. Next morning he felt

a pain in the deltoid muscle of the right arm. He is unable to work on account of this pain. There is no tenderness in the region of the pail. If he holds his arm up he experiences relief, also when he lays his head upon the extended arm. The pain is dull in character, and has now extended nearly to the elbow. He has been on *Rhus*., but without benefit.

OCTOBER.

Dr. Hofmann: I have had, like other physicians, a number of cases of small-pox, and I believe I have lost more cases this year, in proportion, than in any other epidemic. The death rate may possibly be 20 per cent. I have given various remedies, including the *Sarracenia purp.*, which I had given some years ago, with apparent success in several cases. *Tarantula* seemed to do some good in a few cases. I have noticed that when the eruption was extensive and the skin thin, so that the crusts were easily rubbed off, the cases were always fatal. In the suppurative stage, when the fever ceased, death was the result. I had three cases in one family: One child, who had never been vaccinated, died with confluent small-pox; the other two, who had been vaccinated when children, had a mild attack of varioloid. I saw two other cases where vaccination had been neglected; one died, and the other had varioloid. One case, that of an idiotic child, which I hoped would terminate fatally, recovered. I had treated him last summer for diarrhoea trouble, and he was at that time very much reduced in strength, so that I did not expect to raise him; but on the free use of sweet-breads and scraped beef he became strong. The small-pox was of the confluent form, and the eruption was very profuse; there was very little itching. Since then he has been troubled with abscesses, and also some boils. Many of the abscesses were large, especially about the neck, one of them hanging down like a goitre.

Another observation is that when menstruation comes on during the attack, the case will have a fatal termination.

In regard to the effect of small-pox upon labor or gestation, I would mention in one case, in which the woman was confined by a midwife, where all the symptoms of small-pox were present, but which only developed into a varioloid; *Bryonia* was the remedy given. In another case, where the woman was in the seventh month of pregnancy, the attack ran a normal course, and the patient was afterwards delivered at term of a healthy child. This child would never take the vaccine virus.

In regard to diet, I think they should have beef-tea, milk, butter-milk, punch, etc., in generous quantities and at frequent intervals. So far as external treatment to prevent pitting is concerned, I do not think it will accomplish anything. Any application which will keep the parts cool and soft, such as lard, vaseline, etc., is all that is required, and all that can be attained.

Scarlet fever has prevailed to some extent. I had four cases in one family. One of the patients, who was said to have had scarlet fever several years ago, had a full eruption, especially over the chest. In another case, where I was called in consultation, there was an acrid, fluid, coryza—the whole mouth was sore; the child is, however, improving. In a severe case, that of a little boy, I found a pulseless condition, with all the symptoms pointing to a fatal termination, and gave an unfavorable prognosis. This morning the pulse had returned, the child recognized its mother, and took some nourishment. Another patient, who did not seem nearly so sick as the former one, died very suddenly last night. All my cases were complicated with diphtheria.

Dr. J. F. Cooper: I do not think my reputation for the successful treatment of small-pox is of the best; and where this disease is concerned, I am willing some one else should have the glory. I do not fear the disease particularly, but it is not pleasant to have people give

you the cold shoulder, when they know you have been among small-pox patients, nor is it agreeable to have to go to patients under these circumstances. During the present epidemic I have only had one case of varioloid to treat. My usual treatment in previous epidemics has been about as follows: In the early stages, where the symptoms are those common to all cases dependent upon blood-poisoning, such as aching in the limbs, and especially the back, chilliness, fever, etc., I generally give *Bryonia*. In some cases some more prominent symptom in this stage may call for another remedy. When the disease has advanced so as to prevent the febrile symptoms preceding the eruption, *Acon.* is more frequently applicable than any one remedy. When the nervous symptoms predominate, such as twitching, tendency to convulsions, etc., *Bell.* will be of service. After the eruption has made its appearance, I pay very little attention to medication, preferring to await the development of the pustules. In the suppurative fever, *Tartar. emetic.* and, when the pustules are coloring, *Merc. viv.*, especially if there is considerable itching and a number of pustules in the mouth and throat. Afterwards, when the pustules are fully developed, if there is a free formation of pus or evidence of it, I may give *Hepar. sulph.* During the desquamative stage, I give an occasional dose of *Sulphur*. Small-pox, as well as diphtheria, must receive nourishment freely. During the suppurative period, when the pustules are filling, there is an exhaust of the vital functions; and unless this waste is made up there is a tendency for the pustules to run into a putrid condition, generally followed by death.

Absolute small-pox, occurring during pregnancy, nearly always produces an abortion. When delivery occurs during the period of eruption, the latter will not mature, and when this happens the result is nearly always fatal. In a former epidemic I was called to see a woman who was in charge of a midwife. She was having some pains in the back, nausea and vomiting. She had been having pains for two days. The symptoms seemed to call for *Puls.*, so I gave it. I was of the opinion, however, that the pains were not genuine labor pains. On the next day the vomiting had ceased, and the patient seemed better. On the third day I found a full eruption of small-pox. She was in the eighth month of pregnancy, as near as we could tell. An unfavorable prognosis was given. The eruption under the surface of the skin was very thick, and a confluent form of the disease was evident. The violence of the symptoms pointed to a thorough blood-poisoning of the system. The patient, however, recovered, and was delivered at term of a healthy child, which is still living and on which vaccination has always failed. On the other hand, I have seen a number of cases of abortion occur while passing through an attack of varioloid. My experience as a whole in these cases has been unfavorable.

The general diseases under treatment during the month have been of a typhoid and diphtheritic character. A number of the latter was severer; two of the cases were complicated with croupous symptoms, and terminated fatally. In the first case the croupous symptoms were present from the beginning. There was an apparent improvement and then a relapse, followed a second time by improvement, so that I found him on a Monday evening playing vigorously around the room. He was anxious to go down stairs, but permission was refused. He had eaten but moderately, notwithstanding every effort to induce him to do so. The pulse was slender and quick, but the voice was clear. He died suddenly at 3 A.M. on Wednesday. The other case was a child 18 months old, light complexion, and seemed to be doing well under a moderately severe attack of diphtheria, when croupous symptoms suddenly appeared, followed by death. The usual symptoms have been used.

I would relate a case of typhoid, in a young lady, now in the fifth week of the disease. On Saturday she

seemed to be doing well except the weakness. On Sunday morning there was high fever, quick, slender pulse, and sore throat. I found the left palate, uvula, and tonsils covered with membranes. The palate had an inflamed look about the margin of the membrane. I felt that treatment was useless, but gave *Kali bi.*, and *Lach.* On Monday the fever was less, the pulse slower, and the edge of the membrane beginning to loosen. On Tuesday the membrane was shedding, and by Wednesday it was all gone.

Dr. Willard: My experience in diphtheria complicated with croup is similar to that of Dr. Cooper's. The remedies used by him, such as *Kali bi.*, *Hepar sulph.*, *Merc. iod. r.*, *Spong.*, *Lach.*, etc., are the ones I have always used. In one case, where both tonsils and uvula were covered with the exudate, *Merc. iod. rub.* seemed to give relief. Two days later croupy symptoms set in and I gave *Kali bi.* and *Spongia*. The disease did not yield to this treatment, so I gave *Hepar sulph.* in place of the *Spongia*. In the early part of the croupy onset vinegar inhalations were used, and every time they were given the membrane on the tough, tenacious secretion seemed to loosen, and he would cough some of it up. This afternoon the cough is tighter, but the breathing is free. The vinegar inhalations had to be stopped, as they seemed to aggravate, and the steam alone was substituted. The pulse is below 100°, the temp 99°, the tongue clean, the voice pretty good, the tonsil of the right side is covered with patches, while the uvula and left tonsil are clear; but the child is evidently growing weaker, and my prognosis is unfavorable. [Several days later the child was improving upon *Kali bi.* and *Hepar sulph.*, and a return to the vinegar inhalations.] Last winter I had a little boy about the same age as the above, who was suffering from the same general conditions, except that the larynx was not implicated beyond a gasping for breath in the first two days. He, however, recovered. I was called towards evening, a few days ago, to see a little child which had been running around and playing all day, without making any complaint, but was suddenly seized with croupy symptoms. I found the throat lined with a grayish membrane. The child died at 10 P.M. the same night. I saw another case where the membrane was located entirely upon the nasal mucous surface; the membrane was firmly adherent. *Nitric acid* was given. I did not attempt to remove the membrane, and it was several days before it was all gone. The other cases of diphtheria have been light in form.

I have had some cases of scarlatina of a malignant character and high pulse. When the temperature ran as high as 105½° I have made use of the pack, repeated two or three times a day. I continued it each time till the temperature was lowered about one-half a degree.

Dr. Winslow called attention to the use of laryngeal catheters and forcible dilatation, in cases of obstructed respiration, as recommended by some of the English physicians, who claim to have had good results in some desperate cases.

Dr. Martin: Last spring I had a case of diphtheritic croup, where I used very much the same treatment as given here, and which is the usual treatment recommended for these cases. *Kali bi.* seemed, at first, to give some relief, but the case relapsed and I gave *Phos.*, and the patient recovered. I had a similar case this last week, where *Kali bi.* helped for a day or two, and then failed. It was replaced by *Phos.*, and the child now appears to be much better.

I had under treatment a case of typhoid fever without any severe symptoms, the stools rather constipated than diarrhetic. On the eighth or ninth day there was a profuse intestinal hemorrhage of black, fluid, blood, coming on without warning. I sent *Ham. tincture*, to be given in water, and when I called later in the day I learned that there had been another hemorrhage soon after the return of the messenger, but none since. The *Ham.* was continued for a day or two, without any re-

turn of the hemorrhage. *Bapt.* followed the *Ham.*, and brought the case through.

In regard to small-pox, I have had some 18 or 20 cases, with a very large mortality. Some cases seem to have a fatal termination from the same causes as operate in burns, where too much cuticle has been destroyed to allow the vital functions of the skin to be performed. Lately my successful cases have been more numerous, whether due to a modification in my treatment or not I do not know. I generally begin with *Bry.*, and when the throat becomes sore and the pimples are developing into vesicles, and swelling of the face and an oedematous condition of the eyes are present, and *Merc.* is indicated, I do not stop the *Bry.*, but use the two remedies in alternation. The cases thus treated are doing well. I formerly gave *Arsen.* when the so-called typhoid conditions were present, diarrhoea, and apparently rapidly approaching dissolution; but now I use *Rhus.*, keeping *Arsen.* for a later stage, and I think with better results.

I was called a short time since to see a lady who had been confined to her bed for ten months, and during that time had been attended by several physicians. Different diagnoses had been given, such as gastric fever, inflammation of the bowels and stomach, climaxis, etc. Her history was substantially as follows: She had been apparently reduced in health in consequence of a miscarriage, but was finally able to be around and attend to her work, when she was suddenly attacked with severe agonizing abdominal pains. Associated with these pains there were violent retchings and vomiting, especially the former; also a constant ineffectual urging to stool. These conditions continued for some days, when amelioration began. Since then they had returned at irregular intervals, the constipated condition continuing all the time. When seen by me her condition was as follows: The appetite poor; hands and fingers in a semi-flexed condition, with only partial movement; emaciation of the abdominal walls; knots can be felt in the intestines when the cramps appear. On examining the gums I found the undoubted evidence of lead poisoning, and learned that she was accustomed to use freely of cosmetics and powders. I gave her *Nux. com.*, and there has been a steady improvement, although relapses may yet occur. She still complains of ineffectual efforts at stool. There seems to be a lack of expulsive power in the rectal walls. She can apparently force the fecal mass into the rectum, but when there all control seems to be lost, and the feces returns. I have used injections, but they cannot be retained in the rectum. She has had, however, a few natural stools, and she can now extend her fingers and hands.

Does a physician do wrong to attend a case of confinement on the same day in which he has been attending small-pox cases?

Dr. Burgher: It may sometimes be absolutely necessary to attend such cases, under certain circumstances; as, for instance, when there is an extensive epidemic, when nearly every physician has one or more cases on his hands. Besides, you need not go very near, or handle a patient after the eruption is out, since the latter generally runs a regular course. Exposure to the fresh air afterwards ought to remove all traces of possible contagion.

Dr. Hofmann: I always try to see my small-pox cases the last thing on my rounds, but otherwise use no special precautions. I have always attended to my regular business engagements, even when I was treating small-pox, including also cases of confinement, and have never been able to trace any evil result from the habit; and I have treated several hundred cases of small-pox. The infection may be carried, but I have never seen an instance. The only evidence bearing upon this question, in my knowledge was in a case of confinement, where a physician being in the neighborhood attending a case of small-pox, was called in directly to deliver the woman. This woman took the small-pox; but since the disease

was in the vicinity there is a reasonable probability that the disease was already in her system.

Dr. Martin: I cannot agree with Dr. Burgher that it is not necessary to handle a patient. It is necessary, both for your own knowledge and for the influence upon the patient and family, who watch you very closely, to see whether you do not neglect them. I saw a case a week ago, where a boy was pulseless for ten hours before death; and yet, only a short time before death talked easily and freely. I was suspicious of the termination, but the condition of the pulse confirmed what was before a doubtful prognosis and enabled me to make a positive assertion. I could not have done this if I had not discovered the condition by handling the patient.

Dr. Willard: It is necessary to have a thorough supervision over these cases. You must consult about the hygienic care, food, etc. Last winter I had a woman sick with this disease; she was about seven months pregnant. She positively refused to take any nourishment, claiming that it was impossible for her to swallow anything. I remained with her and saw that the attendants compelled her to take some food. When she found she could swallow, she continued to take food and finally recovered. She was delivered at term of a healthy child. When, however, you are satisfied as to the patient's condition I think it is your duty to leave as soon as possible.

Dr. McClelland: I would call the attention of the society to the very prevalent epidemic of influenza. I have had some very severe cases, with coryza, sore throat and cough; other cases have been mild. I have not found any remedy which seemed to be specific; *Arsen.* and *Merc.* have been used most frequently. The former when the discharges were acrid, the latter when they were milder. The cough in some of these cases have been a very severe complication, resembling that of acute bronchitis; while in other cases it had a pneumonic form. *Ery.*, *Phos.* and *Rumex* gave relief in some of the severer forms of cough. Several cases had paroxysms of hard coughing lasting from 15 to 20 minutes, with a congested appearance of the face and head. One of these cases stated that the same condition had been present last winter, and had continued for several weeks. A mouthful of cold water seemed to allay the paroxysm for a moment, but oftentimes the paroxysm would be so severe that a drink could not be taken. I gave *Cuprum acet.*, and in a few days the attack had almost disappeared. The same remedy seemed to give relief in some of the other cases of spasmodic cough. Some of the cases might be called "walking pneumonia," employing a term already applied to typhoid fever. There would be fever, dullness in the lower lobes of the lungs, short breath, sweating, etc., in other cases the condition resembled the first stage of mucous phthisis. *Bry.* and *Ver. vir.*, were given in many of these cases. But the treatment as a whole has not been satisfactory.

Dr. Hofmann: In the commencement of these cases I have used *Bell.*, on account of the bright redness of the throat, frequently swollen tonsils, and when the coryza as yet had not appeared. When there was a scraping sensation in the throat, with aggravation from cold air, I gave *Phyt.*

Dr. McClelland: A number of these cases began with a violent chill followed by fever. Every morning they would have a chilly stage, and later in the day a fever. For this condition *Arsen.* was given.

[The following brief extract from the report of the Board of Health of Pittsburgh for the month of Oct., may not be uninteresting in connection with the above discussions. The total mortality from all causes was 394, a death rate of 30 per 1,000 inhabitants. Infectious diseases caused a death rate of 180, or 45 per cent. of total mortality. Of this 180, 23 were from diphtheria, 33 from scarlet fever, and 89 (21 per cent.) from small-pox, an increase in the latter of 22 over Sept.

The total death rate from small-pox for nine months (the first case was reported in Feb.), is now 244. We add also the following from the same source:

It having been stated that the deaths of unvaccinated persons in the small-pox hospital were principally of infants and children, the following report was submitted, showing the ages of the decedents in the hospital since its establishment in 1875:

UNVACCINATED.	VACCINATED.
Under 1 year..... 7	Under 5 years..... 0
1 to 5 years..... 10	5 to 10 years..... 2
5 to 10 years..... 18	10 to 20 years..... 0
10 to 20 years..... 8	20 to 30 years..... 3
20 to 30 years..... 13	30 to 40 years..... 4
30 to 40 years..... 26	Over 40 years..... 1
Over 40 years..... 19	
Total..... 121.	Total..... 30

T. M. S.

TRANSLATIONS, GLEANINGS, ETC.

THE CASE OF PRESIDENT GARFIELD.

The *Annals of Anatomy and Surgery* for November contain an elaborate critical resumé of this case by the editor, Dr. L. S. Pilcher, from which we extract the concluding paragraph:

"There is one lesson which this case teaches which is especially illustrated in the report made by the principal attending surgeon—namely, the danger of making a diagnosis. It is evident that having made a diagnosis of a lesion of minor importance, all its mutations were by him interpreted in the light of that diagnosis, and the significance of the profound symptoms which the case presented failed to be appreciated by him. A candid confession that the data were insufficient and the retaining of the mind in a judicial state throughout would have saved medical science from the opprobrium which has been cast upon it by the revelations of the autopsy in this case. The possibility of a preconceived opinion—yelept diagnosis—to warp the judgment, explains how it was possible for bulletins announcing uninterrupted progress towards recovery to be issued when the condition was really one of uninterrupted emaciation and septic infection; for the physicians to announce that the symptoms showed improvement, while the Secretary of State telegraphs that the symptoms are of the gravest character and the strength failing; and for declarations that the patient is convalescent, when he is at the point of death from intense septicæmia."

The *North American Review* for December contains articles on the surgical treatment of President Garfield by Dr. Wm. A. Hammond, Dr. John Ashurst, Jr., Dr. J. Marion Sims and Dr. John T. Hodgson, in which the editor aims to present a fair reflex of the opinions of the profession upon the case. Dr. Hammond, after briefly going over the ground with liberal quotations from eminent surgical authorities, sums up the main conclusion as follows: "It is denied that the wound was necessarily a mortal one; it is denied that the science and art of surgery are in such an imperfect state of development as to afford no certain rules for the treatment of a case like that of the President; and it is asserted that during the first forty-eight hours the surgical practice was not in accordance with well-defined and acknowledged surgical precepts, and that hence the President did not have all the advantages of treatment which modern surgery is capable of giving." He believes that death was occasioned by thrombus or embolism in the heart. Dr. Ashurst, in concluding his article, says: "Looking at the whole case, from beginning to end, I do not see that the treatment could have been altered in any way to the advantage of the illustrious patient; nothing was done that should have been

omitted, and nothing was left undone that could possibly have been of benefit." Dr. Sims opens his article with the assertion that "the President died of septic infection of the blood. It was blood poisoning, whether called pyæmia or septicæmia." The source of the infection he believes to be the injury and consequent inflammation of the vertebra. The poisonous pus thus generated was small, and the infection slow but none the less sure. Dr. Sims concludes his article with the opinion that the President had not the least chance of recovery under any circumstances or any treatment. Without the wound in the vertebra, there would have been no danger; with it, it was impossible for him to live. Dr. Hodgen, in reviewing the case, finds no reason for adverse criticism of any part of the management. In the same journal the "Death Penalty" is very ably discussed by Dr. Cheever, Samuel Hand and Wendell Phillips. Mr. Phillips meets the great theological argument, "Whoso sheddeth man's blood by man shall his blood be shed," by denying the correctness of the translation, asserting that all scholars allow that the verse could equally well be translated "by man will his blood be shed." Our translation says "by man shall his blood be shed," but no version of the Bible prior to the first century contains the words "by man." The Septuagint and the Samaritan versions omit these words; Wyckliffe also, and the Vulgate, Spanish Italian and French versions also omit them, and Calvin calls the construction "forced." The argument that the death penalty is necessary for the protection of society is met by a square denial, enforced by the evidence of more than a score of states and nations where it has been abolished for many years. Mr. Phillips concludes a very strong article with reference to Guiteau, and says: "It is evident from the tone of the press, from the excitement and bitterness we see everywhere in the community, that the feeling against him is one of revenge rather than a cool and dispassionate care for the safety of society. This pitiable and misbegotten wreck, who is only just within, if indeed he be within, the limits of moral responsibility, and who could not probably be proved the direct cause of the President's death to the satisfaction of any jury assembled one year or twenty months hence—if, carried away by hot revenge, the people hang him, it will be a blot on the justice of the American people, which, probably, within five years men would do anything to erase, and which history will record as one of the most lamentable instances of temporary madness, or as evidence of how much barbarism lingers in the bosom of an intelligent and so-called Christian community."

TRANSMISSION OF TUBERCULOSIS BY VACCINE.—At the meeting of the Academy of Sciences on Aug. 1, M. Toussaint communicated some important results of his investigations into the microbial nature of tuberculosis. He had already succeeded, as Klebs and Cohnheim have, in cultivating these organisms, and have found that two drops of the liquid of the fourth artificial cultivation, inoculated into pigs, rendered them speedily and completely tuberculous. He then vaccinated a cow in an advanced stage of tuberculosis with lymph absolutely pure. The vesicles progressed normally, and with the lymph obtained from them he vaccinated different animals, all of whom subsequently became tuberculous. The significance of these experiments can scarcely be overrated, for though a judicious vaccinator would not use lymph taken from a child who exhibited already evidence of the disease, the chances of cows in whom spontaneous vaccinia may appear, and whose lymph would at the present time be eagerly sought after, being like so many of their species, tuberculous, are great; and it would seem, in consequence, that the dangers of animal vaccination may be greater than those of human, which are supposed to be avoided by having recourse to the cow.—*Med. Times and Gazette*, Sept. 3.

THE CAUSES OF DEATH IN ARTIFICIAL TETANUS.—M. Ch. Richet (*Le Prog. Med.*) gives the result of his experiments in producing death from tetanus due to electrization. The effects produced are analogous to pathological tetanus, and the causes of death probably the same. The causes of death in the artificial condition are of two kinds: *asphyxia*, especially in rabbits, and *high temperature*, in dogs.

Death from asphyxia resulted in about a minute and a half. But asphyxia from simple deprivation of air, does not occur for five minutes. The reason of this difference is in the fact that in electric tetanus, the combustions of oxygen are much more intense in consequence of the access of air into the respiratory tract, so that the carbonic acid accumulates in large quantities in the blood, and death is rapid. In the rabbits the blood does not rise above 40° C.; it varies between 37° to 40°. In the dogs, on the contrary, this temperature rises still higher, and that because, inversely to that which happens in the rabbits, their muscles do not relax, but continue to contract. The respiration is accelerated at the same time with the elevation of temperature.

Death in these animals is due to the excess of heat, for if they are kept, by any cause, in a condition of chill, these accidents do not happen. In the dogs where the temperature rose to 44.5° death was very rapid. When the temperature mounted to 43.7° death sometimes came on very rapidly, at other times death did not occur until after an interval of twenty-four hours. Reasoning from analogy, we would conclude that man, whose temperature is 1° lower than that of the dog, could not endure a temperature of 43.5° and that at 42.7° death would often follow.

Hæmorrhages were a grave sign and lead to the therapeutic conclusion that bleeding is contra-indicated in the pathological condition. Experiments repeated upon dogs under the influence of chloral, show that the combustions are due, not to the irritation of the nervous system, but rather to the muscular contractions.

M. Richet also thinks that the contractile substance of the muscle is diminished by the oxygen in the blood, since the contraction ceases when the carbonic acid has accumulated.

In regard to tetanus in general, M. Richet does not assume that asphyxia and high temperature are the only causes of death, but that nerve exhaustion also plays an important part. (T. M. S.)

A SIMPLE YET NOVEL WAY TO USE A CATHETER.—The soft rubber catheters of Jacques and Nélaton are a wondrous improvement over the old-fashioned urethral "spike" style of instrument. Doubtless hundreds of lives have already been saved by them which would have been sacrificed, as formerly, by the old barbarity.

We are all familiar with the bundle of one-eyed "spike" catheters, of varying sizes, in the show-case of every druggist, which, in fact, probably always will be seen there. Most of them appear to have been in stock a hundred years.

A device for using the soft rubber instrument to advantage, in a narrowed urethra, was brought forward by Tiemann & Co., some time since, acting upon the suggestion of a well-known professor of New York. The very absence of rigidity in the soft instrument excludes its use in prostatic enlargement, if complicated with stricture. The spike instrument is, of course, highly objectionable unless the wire stylet be withdrawn, when it becomes, virtually, no better than the very soft ones.

The new design for stylet which Tiemann & Co. make, to be used on occasion, is, undoubtedly an excellent thing. But if one will use the spike, and, when it reaches the bulbo-membranous region (where it is apt to stop), will simply *withdraw* the stylet for an inch or an inch and a half, he will find substantially the same instrument in his hands as the new device, and that the rigid shaft, coupled with the soft, persuasive extremity, are in his hand in a moment.—Huse, *Chicago Med. Jour.*

NEW AFRICAN ARROW POISON.—Robert W. Felkin has sent to Dr. Ringer an arrow poison, which is used on the east coast of Africa, between Zanzibar and the Sourali land, and is made by the Wanika and Wakamba tribes, who live to the west of an island called Mombasa. Extracts are made from eleven different roots; the poison is a black extract, of firm consistence, and almost odorless. A. W. Gerrard believes that the chief ingredient of the new poison is a *Strophanthus*, either *S. Hispidus* or *S. Kombé*, Nat. order *Apocynaceae*, thus closely allied to the genus *Strychnos*. Dr. F. R. Fraser, in 1872, investigated the seeds of an African *Strophanthus*, and found it to be a powerful paralyzing agent and cardiac poison.

The new poison, which, in the absence of a name, is called Wanika, after one of the tribes using it, was found by Gerrard not to contain an alkaloid; it contains a tannin, precipitating ferric salts bluish-green, and a glucoside, which was prepared by diluting the alcoholic extract with water, filtering, precipitating with basic lead acetate, filtering, removing excess of lead by *Sulphuric Acid*, evaporating, treating repeatedly with a mixture of *Chloroform* and Alcohol to remove glucose, and evaporating. The principle is neutral, amorphous, pungently bitter, soluble in Alcohol and water, insoluble in *Ether* and *Chloroform*, yields with strong *Sulphuric Acid* a slight brown color, and when heated with soda lime evolves *Ammonia*; with Fehling's solution it gives no reduction till boiled with a dilute acid.

Dr. Ringer found this arrow poison to be a powerful muscle poison, as active as *Veratrum*, and, unlike *Veratrum*, not prolonging the relaxation of a muscle after its contraction. It is a feeble poison to motor nerves, and has no effect on afferent nerves. It is as powerful a cardiac poison as *Digitalin*, and more so than *Veratrum*. It arrests the ventricle in systole and does not prolong the systole of the heart nearly so much as *Veratrum*. It has but little action when given by the mouth; five minims of a five per cent. solution hypodermically administered will kill a cat in from fifteen to twenty minutes, whilst 45 minims given by the stomach caused only nausea and vomiting with a little weakness.

The antidote to this poison is made in Africa from five roots, which are to be baked and afterward ground and mixed with honey; unless given within five minutes of time when the wound is received, the antidote does no good. In the hands of Dr. Ringer they proved to be worthless, whether given internally or applied locally. —*Pharm. Journ. and Trans.*, April 9, pp. 833-835.

ANATOMICAL REASONS FOR DEXTAL PREFERENCE IN MAN.—Dr. J. A. Wyeth says: 1. Man is right-handed by preference, as a result of his anatomical development. 2. The arrangement of the embryonic protoplasmic elements is such that the liver, developing on the right side, greatly outgrows its opposing viscera, the spleen, and pushes the heart to the left of its original position in the median line, causing an obliteration of one of the two originally symmetrical arches of the aorta, and an obliquity of the remaining one. 3. This loss of symmetry involves an arrangement of the great vessels of the neck and upper extremities, by which the artery carrying blood to the right arm is more favorably situated, and receives more blood than the one to the left arm; while the left carotid and vertebral arteries, supply the left half of the encephalon, which presides over motion on the right side of the body, are more favorably situated and convey more blood than the two vessels which have the same distribution on the opposite side. 4. This fact accounts for the development of the left half of the brain in excess of the right. 5. It is not the slight excess in weight of the viscera of the right side of the abdomen, which is given by some to be the cause of right-handedness, who argue from this that man must lean to the left, i. e., balance himself on the left leg, leaving the right extremities freer for action. It is a matter of cubic inches, of bulk—in fact,

of cardiac displacement. 6. Education, training by persistent effort, will overcome the natural tendency to dextral preference, and will render the individual more clever with the non-preferred hand, more equally adroit with both sides of his body, more symmetrical in muscular growth, will tend to equalize the two halves of the brain, giving a better cerebral development, and will consequently render him more serviceable to society and to himself.—*Annals of Anatomy and Surgery*.

FUNGOID ORIGIN OF DIPHThERIA.—Dr. Michael Taylor, of Penrith, in recording an isolated outbreak of diphtheria, expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children, living in the same house and occupying the same bedroom, were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water spoutings of its roof got out of order. A great rainfall in July caused one wall of the bedroom to become saturated, through leakage of the spouting, the paper on the wall facing a passage, between the apartment and a second bedroom, became sodden and separated from the plaster, and small clusters of a toadstool (*Coprinus*) grew on the wall, as well as a fine thready bluish mould. The drainage of the house and its drinking supply were very good. Excepting near the damaged spouts, the house was dry; and it is remarkable that the children slept several weeks in their warm cribs in the damp room, without suffering in any way, and it was not until the fungi appeared that they were attacked with true diphtheria. This is in accordance with Prof. Laycock's theory, that diphtheria depends on *oidium* or potato-fungus, for although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.—*Brit. Med. Jour.*

NEW METHOD OF TREATING CARIES.—(By Dr. Oscar Kollman, Wurzburg.) As physician of the prison for women, I treated for a long time a woman suffering from caries of the sternum and of the vertebrae. She was in a pitiable state and needed a constant nurse, as it was impossible for her even to turn in bed. All treatment so far had failed to alleviate her. Reading the article of Dr. Kapesser, on methodical application of *Sapo Viridis* in diseases of the lymphatic glands, I resolved to make a trial of it. Twice a week 15 grs. of *Sapo Viridis* (soft soap) mixed with some water were rubbed in, and after a quarter to half an hour washed off with some hot water. After a few weeks the nurse reported that the patient was able to go to the closet (close by) without aid. Internally she kept on taking her cod liver oil. After a month or so she was able to return to her work.

Another prisoner, 47 years old, was received in the hospital on account of recent caries of the metatarsus. After failing with the usual treatment, she also received the soft soap inunctions, and after two months she was returned to her labors. Internally, cod liver oil, as the prison fare is deficient in fats.

M. St., a prisoner, 35 years old, showed an induration pul. lat. dextr., with circumscribed periostitis. Cost. lat. The same treatment relieved her from all her ailments.

The wife of a letter carrier suffered from tuberculosis pulmonum and caries costalis. The same treatment and the same favorable result.

We beg our readers to give this simple treatment a fair trial, and report. Twice a week an inunction with a tablespoonful of soft soap, mixed with some water, sufficed, rubbed in with a sponge from the neck to the knee-joint (in first case and according to location.) Inunction at night, so that patient does not catch cold. A nourishing diet is to be recommended where nutrition is deficient.—*B. K. W.*, 19, 1881.

PREVENTING SPREAD OF CONTAGIOUS DISEASES.

Wisconsin has recently passed a law to prevent the spread of contagious diseases, which makes any person suffering from small-pox, diphtheria, scarlet fever, and other contagious diseases, who willfully enters any public conveyance or public place, liable to a fine of \$50 to \$300, or imprisonment for 20 to 100 days. The same penalties are exacted of anyone in charge of a child or irresponsible person, who allows similar exposure. The conveyance of corpses into any city or town of the State is forbidden, except when accompanied by certificate from a physician, stating cause of death; and, in case of decease from infectious diseases, a certificate must be shown from the health authority that proper precautions, by use of disinfectants or enclosure in air-tight coffins, have been taken. The penalties are the same as in the preceding case.

A similar regulation of the Iowa State Board of Health provides that bodies of patients dead from diphtheria, scarlet fever, and typhus or typhoid fever, shall be placed in a wooden or metallic coffin, which shall be inclosed by a tight wooden box closely wrapped in a carbolated cere cloth, or effective substitute. Bodies not dying from the diseases named may be transported without restriction from November 15 to March 18, but the rest of the year are to be prepared as above described. Every body must be accompanied by a physician's certificate of death, transportation permit from the clerk of the local health board, and written certificate from the undertaker. The transportation of bodies dead from Asiatic cholera, yellow fever, and small-pox, is absolutely prohibited.

CONTAGIOUSNESS OF CONSUMPTION.

The following are the conclusions of Musgrave Clay, deduced from one hundred and eleven observations made upon the contagious transmission of consumption:

1. Phthisis, tuberculosis, may be acquired by contagion.
2. The facts actually known are too few, and frequently have too little relation to each other, to enable us to determine with precision the circumstances under which the contagion can become active.
3. Life in common, especially during the night in an ill ventilated apartment, sexual relations, gestation in the case of a tuberculous husband, the youth of the healthy subject, sedentary life of the exposed subject, advanced state of the local lesions in tuberculous subjects, are conditions which may be considered favorable to contagiousness.
4. The facts observed, if not rigorously demonstrating the contagiousness of consumption, are nevertheless of such a character as not only to justify, but to compel all the hygienic precautions which these conclusions suggest.
5. The manner in which the contagion occurs, in the present state of science, is undetermined.
6. It is probable that it is due to the suspension in the air of particles resulting from the desiccation of the various excretions of the the phthisical patient (sputa, sweats, etc.).
7. It is possible that the air thus contaminated does not become noxious, except when the particles which it contains enter into the bronchial ramifications, and come into contact with surfaces accidentally eroded or irritated, and consequently absorbant; nevertheless this is a theoretical view of the author, which remains to be verified.
8. It is probable that contagion from alimentation is possible. The presumptions in favor of this view are sufficient to cause us to take the matter into seriousness hygienic consideration.—*Etude sur la Contagiosité de la Phthisie Pulmonaire*, Paris, 1879.—*Ohio Med. Journal*, Sept., 1881.

ANÆSTHETICS.—(By A. A. Mannon, M. D.) What I condemn is the use of either *Chloroform* or *Ether* by inhalation in some minor operations, such as amputation of toes and fingers. Some months ago I was requested by a friend to assist in amputating two fingers—index and middle. I said: Doctor, it does not surely seem right to risk this man's life by chloroforming him, simply to remove these two fingers, and let us try what we can do to deaden the sensibility of the part by simply bathing the hand in the anæsthetic. We did so, and removed the two fingers, and our patient never complained of pain, and repeatedly assured me that he felt none. Well has it been said that a man's life is suspended by a thread when under *Chloroform*. I heard an eminent surgeon in Chicago confess that he lost a patient from *Chloroform* when he had only administered "two or three whiffs" of it, the patient dying suddenly. I admit that patients are anesthetized every day without any untoward results, and done so often that we may become somewhat oblivious of the real danger in it. I would suggest to keep as far as possible from general anæsthesia in all minor operations and avoid it entirely in amputating toes and fingers and possibly metacarpal and metatarsal bones. I would recommend to soak the parts from ten to fifteen minutes in *Ether* or *Chloroform* and continue its use by means of spray during the operation so as to continue the insensibility. I think that if the annals of surgery could be searched far enough, there might easily be found instances when death has resulted from general anæsthesia, and that in cases, too, for amputation of toes, fingers, etc., where local anæsthesia would have been sufficient.—*Cin. Lancet & Clinic*, Aug. 18, 1881.

THE FREEZING CURE.—By means of freezing, parts may be rendered wholly insensible to pain, so that slight surgical operations may be easily performed. When the freezing is long continued, the frozen parts may lose their vitality entirely, which will cause them to slough away. By this means, excrescences, as warts, wens and polypi, fibrous and sebaceous tumors, and even malignant tumors, as cancers, may be successfully removed. Small cancers may sometimes be cured by repeated and long-continued freezing. Their growth may certainly be impeded by this means. A convenient mode of application in cancer of the breast is to suspend from the neck a rubber bag filled with pounded ice, allowing it to lie against the cancerous organ.

Freezing may be accomplished by applying a spray of *Ether*, by means of an atomizer, or by a freezing mixture, composed of equal parts of pounded ice and salt, or two parts of snow to one of salt. Mix quickly, put into a gauze bag and apply to the part to be frozen. In three to six minutes, the skin will become white and glistening, when the bag should be removed. Freezing should not be continued longer than six minutes at a time, as the tissues may be harmed, though, usually, no harm results from repeated freezing if proper care is used in thawing the frozen part. It should be kept immersed in cool water, or covered with cloths kept cool by frequent wetting with cold water, until the natural feeling is restored.

Felons may often be cured, especially when they first begin, by freezing two or three times. Lumbago and sciatica, as well as other forms of neuralgia, are sometimes almost instantly relieved by freezing of the skin immediately above the painful part. We have cured some obstinate cases of sciatica by this means after other remedies had failed.—Dr. J. H. Kellogg, in *Physician and Surgeon*.

POVERTY is uncomfortable, as I can testify; but nine times out of ten the best thing that can happen to a young man is to be tossed overboard and compelled to sink or swim for himself. In all my acquaintance I never knew a young man to be drowned who was worth the saving.—*James A. Garfield*.

ALLEN'S SYMPTOM REGISTER.

Dr. Stacy Jones, in *Med. Call*, says: After reading Hahnemann's sample cases of cure, in Vol. I., No. 1, of the *Call*, I picked up Allen's Register to see how we would make out in finding the remedies in it.

First, Mrs. S., the laundress, cured with *Bry*. Stitch in stomach pit, worse when making a false step; *no Bry*. When lying down she has not the stitch; *no Bry*. With inclination to vomit, water accumulates in the mouth; *no such symptom to be found*. When the pain is violent, she is covered with sweat; *no such symptom in the Register*.

Second case. Mr. W., the weak, pale clerk, cured with *Puls*. In the evening, nausea and vertigo, with sour eructations; *no such symptom in the Register*. Sour vomiting in the night, violent eructations in the night, eructations of putrid and sour taste; *no Puls* under these heads in the Register. Sensation as if the food lay raw and undigested in the stomach; *this symptom cannot be found in the Register*. Interior of the head seems to him enlarged; this symptom is not in the Register. The least noise affects him painfully; no such general condition of aggravation is given in the Register.

Hahnemann's method of prescribing is indeed simple, and the results precise and satisfactory, and well worthy our imitation; but where is the repertory that will direct us to the remedy?

AN EASY PROPHECY.—"Huxley predicts that, in the progress of medicine, it will become possible to introduce into the economy a molecular mechanism which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched."

Very likely! Taking "the progress of medicine" to mean the progress of the old school in appropriating, without acknowledgement, homœopathic ideas and remedies, we have little doubt that in a few years it will find itself able to accomplish, regularly and intelligently, the wondrous feat above described—a feat performed by every homœopathist whenever he administers the *similimum*!

In 1849 a French gentleman named Poréant left by will the sum of \$80,000 to the Paris Academy of Sciences to be awarded to the person who should discover the cause or nature of Asiatic cholera, or point out a remedy that would cure it in the immense majority of cases. A physician filed his claim to this prize in 1877, basing it upon the properties of the *Bromide of Ammonium*.

"If we desire to live broad and unselfish lives, we must be slow to condemn all those who entertain convictions which to us seem foolish or mischievous and logically untenable, or to refuse to co-operate with them."
—*Bristowe*.

This noble utterance was originally intended for the special benefit of British old school practitioners. It is capable, however, of an "International" application, and would form an excellent motto for "The Homœopathic Physician" among ourselves.

HOMŒOPATHIC COLLEGES.—The Homœopaths report 11 schools; 158 instructors; 1,215 students; 363 graduates; 89,800 volumes in libraries; 349,000 dollars in grounds, buildings and apparatus, and 95,471 dollars receipts from tuition fees.

CHANGE OF HOURS.—Dr. Helmuth desires us to state that he will be at home, 299 Madison Ave., from 10 A.M. until 12:30 P.M. (Sundays excepted), and on Tuesday, Thursday and Friday after 8 P.M.

DR. S. SWAN, 13 W. 38th St., will hereafter be at home until 12 M., and from 5 to 7 P.M.

THE MEDICAL COLLEGE QUESTION.

There are in attendance at the various Homœopathic Medical Colleges in the country, according to reports, about 1,000 students, including, of course, all the hangers-on. If this number were divided between two colleges instead of nine, and the best teachers in the country were selected for these two faculties, it would be better in every respect for "our School." The work of consolidation ought to be commenced. One way to take the initiative would be for a college in each of the natural medical centres East and West, to absorb from the others their *best teachers*, and in this way attract the bulk of the students; then, with a high standard and the support of the American Institute, crush out all inferiors—as the other colleges, if they continued to exist, would be. In this way we could build up two good colleges, and officer them with our ablest teachers.

THE ENCYCLOPÆDIA BRITANNICA AND HOMŒOPATHY.—It will be remembered that at the recent session of the American Institute of Homœopathy, a committee, consisting of Drs. Charles Mohr, John C. Morgan and Joseph C. Guernsey, was appointed to request Messrs. J. M. Stoddard & Co. to have the subject of "Homœopathy" properly treated in the American reprint of the *Encyclopædia Britannica* or in the supplemental volume to be published by that firm. The committee has received a letter from Stoddard & Co., stating that while it is inexpedient to make any change in the original edition of the work, the publishers will see that an article on Homœopathy is prepared for their supplemental volume and submitted to the committee for approval.

DR. A. P. WILLIAMSON, Chief of Staff, reports 656 patients treated at the Hom. Hosp., W. I., during November, with a death rate of 2.29 per cent.

THE Philadelphia County Society has voted to accept women to membership upon the same terms as men.

A DISPENSARY has been established in Indianapolis by the homœopaths, and a competent staff appointed to attend upon it.

WE regret to learn that our esteemed colleague, Dr. J. P. Dake, of Nashville, Tenn., has been suffering from a severe attack of malarial fever.

THE *Medical Counselor*, under the able editorship of Dr. H. R. Arndt, of Grand Rapids, Mich., is now issued as a weekly, and continues to be published at Chicago.

THE *Medical Call*, which has worked its way to an enviable position as a quarterly, is discussing the question of becoming a monthly.

LAST APPEAL.—We must again request subscribers in arrears to at once make remittance, or we shall be compelled to discontinue sending the Journal.

DR. S. W. CLARK, of the house staff of the Hom. Hosp., W. I., succeeds to the practice of the late Dr. Youlin, at Jersey City.

THE N. Y. OPHTHALMIC HOSPITAL reports for Oct.: Prescriptions, 4,136; new patients, 574; resident, 27; average daily attendance, 159; largest, 231.

At the International Medical Congress, Mr. Keith announced that he had abandoned the spray in all operations.

REMOVALS.—Dr. Chas. H. Young to 260 Melpomene Street, New Orleans, La. Dr. H. P. Cole to Bridgeport, Ct.

DIED.—Dr. J. J. Youlin, of Jersey City, æt. 61.